THE PROBLEMS OF TEENAGE MOTHERS IN THE SOUTHERN HHO-HHO REGION OF SWAZILAND

by

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SUMMARY

THE PROBLEMS OF TEENAGE MOTHERS IN THE SOUTHERN HHO-HHO REGION OF SWAZILAND.

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A qualitative study was done to explore and describe the problems of teenage mothers in the southern Hho-Hho region of Swaziland.

Ten teenage mothers wrote naive sketches and fourteen teenage mothers were interviewed. The findings of the research indicated a lack of support for the teenage mother in all the dimensions studies in this research which include physical, social, cultural, emotional, spiritual, economical and educational. This lack of support systems were found to be the paramount problem and need urgent attention.

The vicious circle of lack of support, ignorance, interruption of education and unplanned motherhood can only be addressed if all stakeholders including the multidisciplinary team actively participate to prevent teenage pregnancy and provide support for teenagers in general.

KEY TERMS

Teenage mother; teenage pregnancy; physical problems, social problems; cultural problems; economic problems; spiritual problems; support systems.

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DEDICATION

This study is dedicated to my two precious daughters, Portia and Pearl. Their love has made me to focus on the youth in all my academic studies in order to try and understand this age group and find solutions to their problems and give assistance where necessary.

With love to Portia and Pearl

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CHAPTER 1

Introduction and orientation to the study

1.1 INTRODUCTION

In this chapter an overview of the study is presented in the form of the background and motivation of the research, the statement of the problem, research questions, research objectives, significance of the study, paradigmatical perspective, research model, research design, research methodology, ethical aspects of the research as well as the division into chapters.

Teenage mothers are not prepared for the responsibilities of raising a child. Physically, socially, culturally, emotionally (psychologically), spiritually, economically and educationally they are also not ready for these responsibilities as well as being a teenage mother. Therefore they encounter problems which in many cases influence the quality of their life and future plans. It is for this reason that it is important that the problems teenage mothers experience are investigated as they themselves experience them. Such investigations enable health planners to draw up health care plans that would assist teenage mothers to cope. With the knowledge obtained through a study like this, support mechanisms can be put into place that will assist teenage mothers in bringing up their children (who is the future citizens of the country) and will also assist the teenage mothers in completing their education.

1.2 BACKGROUND TO THIS RESEARCH

The following section addresses the background to this research. It includes the woman's health and the problems of teenage pregnancy, population increase in Swaziland, fertility rates in Swaziland, support systems for teenage mothers, child rearing and teenage pregnancy, cultural influences on teenage pregnancy, health systems in Swaziland and the realistic strategies for assisting the teenage mother.

1.2.1 Women's health and the problems of teenage pregnancy

The importance of promoting women's health is gaining recognition in many countries internationally after the Fourth United Nations World Conference on Women held in Beijing in September 1995. The governments of 138 countries accepted the Platform of Action (POA) which arose out of this conference which identified women's health as a critical area of government policy.

In the South African government's National Reconstruction and Development programme (RDP) for instance, a need for research to promote policy-relevant research on teenage pregnancy and motherhood was identified (African National Congress 1994; Department of Health 1997:210). Of central importance in this study was the need to strengthen preventive programmes that would promote the well being of adolescents, including the well being during sexual maturity and pregnancy (Parekh & De la Rey 1997:223).

The government of the Kingdom of Swaziland has demonstrated a strong interest in improving the health of mothers through its participation in international, regional and sub-regional meetings, conferences and workshops. The Ministry of Health of Swaziland elected to undertake a rapid situation analysis with emphasis on quality care, programme performance, service utilisation, community involvement and satisfaction of the services for the provision of optimal health to mothers and children (Children and Women in Swaziland: Situation Analysis 1994:18).

Teenage motherhood is a **global problem** and the problem is increasing in many countries of the world particularly in the developing countries who cannot really afford it (Parekh & De la Rey 1997:223; Nkau 1998:32).

1.2.2 Population increase in Swaziland

According to Swaziland's National Report on Population (1994:21), the population of Swaziland increased from 681 059 in 1986 to 860 000 in 1993, with an annual growth rate of around 3,2 percent. This is one of the highest recorded population growth rates in Africa. The growth rate in Swaziland is higher (5,3%) in the urban areas as a result of the increased rural to urban migration during the last two decades.

1.2.3 Fertility rates in Swaziland

It would appear that intervention programmes in Swaziland that the aim at reducing fertility rates have limited success. This is evident by the total fertility rate which was 6,9 children per woman in 1966 (Swaziland Population Census 1991:4) to 6,4 children in 1993. These figures indicate a decline of less than one child in almost three decades. Swaziland's population growth problem has been aggravated by the problem of teenage pregnancies and teenage motherhood. Girls between 10 to 14 years of age make up 44,0 percent of the total population of Swaziland. These girls are regarded as women of child-bearing age (Children and Women in Swaziland: Situation Analysis 1994:18). This is a major concern for the Swaziland Government as, for example, **teenage deliveries** accounted for 27,0 percent of all deliveries in 1995 (Rapid Evaluation Methodology 1995:2-5).

According to Boisseau-Goodwin (1993:198) motherhood has a **detrimental** and long lasting effect on the life, development and future of teenage girls, their babies, families, society and the country as a whole. The majority of teenagers do not return to school to complete their **education** causing even greater problems for instance less **employment** opportunities with resulting **financial** difficulties and **poverty.**

1.2.4 Support systems for teenage mothers

Teenage mothers are often left without proper **support systems**. The only person a teenage mother can turn to in her time of need for financial and moral support is often only her own mother. The father of the child is usually not prepared to become involved in the support of the teenage mother or her child (Mogotlane 1993:11). The young women is often not physically and mentally **mature** enough for the birth process or to raise a child – teenage mothers are children themselves! Ngwezi (1996:18) is of opinion that the reality of **married** life can be a frightening experience for a young girl who is unprepared for the responsibilities associated with pregnancy and the author further states that motherhood and marriage usually does not last if linked to pre-marital pregnancy.

1.2.5 Child rearing and teenage pregnancy

Ramalebana and Le Roux (1998:161) mention that the teenage mother has serious

problems in **rearing her child**. She is usually not properly prepared for motherhood and does not know what the needs of an infant or child will be. In addition, Macleod (1999: 1) mentions that being a teenage mother has a negative effect throughout the woman's life.

The way in which the teenage mother became pregnant may also have traumatic consequences. Ngwezi (1996:18) reports various cases where teenage pregnancy resulted due to being frequently raped. Coupled with the unplanned responsibilities associated with motherhood at such a young age, teenage mothers will also have to cope with this psychological traumatic experience on their own. They often do not receive counselling for this traumatic experience but are rather frowned on by the community (Ngwezi 1996:18).

1.2.6 Cultural influences on teenage pregnancy

Culture may have a positive or negative effect on teenage motherhood and the support she can expect from society (Ntombela-Motapanyane 1995:152). Many African cultures, including the Swazi culture, are in a **transitional stage** which means that culture is changing from the traditional way of life to the more modern Westernised culture. This transitional process may result to uncertainty in the mind of community members on how to cope with the problem of teenage pregnancy (Malan 1985:41). The community usually then have no answers for all the problems they come across and the teenage mother is again left without a strong support system she so desperately needs (Time 1985: 98; Ntombela-Motapayane 1995:152).

1.2.7 Health systems in Swaziland

The **health system** in Swaziland and in particular in the southern Hho-Hho region of Swaziland does not make special provision for the problems the teenage mother may be experiencing. The teenage mother is included with the other more mature and married mothers at the clinic and no special arrangements are made for their specific needs.

1.2.8 Realistic strategies for assisting the teenage mother

Solutions to teenage mothers' problems and addressing the needs of these teenage

mothers, rely on **understanding** the inter-relatedness of underlining the more direct factors and consequences of the pregnancy, and the adoption of holistic intervention strategies to address these aspects. Understanding can only be reached by **asking the teenage mother herself** how she experiences being a mother by carrying out an in-depth study of the problems identified by the teenage mother.

Some professionals, such as doctors and nurses, as well as adults often think that they "know it all". They rely on their own knowledge and experience and may feel that they know what the problems of teenage mothers are without really asking them. By acting on these assumptions, authorities and professionals may waste valuable time and resources when planning support services for these teenagers as it might not be appropriate for the real problems the teenagers experience.

It is within this background that this research attempts to make a contribution to the understanding of the problems of the teenage mother in the southern Hho-Hho region of Swaziland and by doing so, help to articulate the fundamental factors that contribute to the needs of the teenage mother.

1.3 RATIONALE OF THE RESEARCH

It was on the basis of the following discussion that the research area was selected:

- Teenage mothers experience unique problems because they are often not physically, socially, culturally, emotionally (psychologically), spiritually, economically and educationally ready to deal with motherhood.

- Teenage mothers frequently do not have the necessary support or they do not make use of the available support systems in the southern Hho-Hho region of Swaziland to help them deal with their problems.

- Knowledge obtained from the research findings could be implemented to improve the services offered by the health care system to the teenage mother thereby meeting the unique needs of the teenage mother more realistically.

1.4 STATEMENT OF THE PROBLEM

Little was known about the problems which the teenage mothers in the southern Hho-Hho region of Swaziland were experiencing. Before any health care service or support service can be planned for the teenage mothers, it is essential that an in-depth study to understand their unique problems as they experience it be conducted.

From this problem statement the following research questions are derived:

- How do the teenage mothers in the southern Hho-Hho region of Swaziland experience their physical, social, cultural, emotional (psychological), spiritual, economic, and educational problems?
- Which support systems do the teenage mother make use of in the community?
- What recommendations can be made that would enable the health care services in the southern Hho-Hho region of Swaziland to meet the problems experienced by teenage mothers?

1.5 OBJECTIVES OF THE RESEARCH

In light of the abovementioned statement, the objectives of the research are to:

- **explore** and **describe** the physical, social, cultural, emotional (psychological), spiritual, economical and educational problems experienced by the teenage mother in the southern Hho-Hho region of Swaziland
- **explore** and **describe** the support systems that teenage mother made use of in the community of the southern Hho-Hho region of Swaziland
- **make** recommendations to deal with the problems of teenage mothers in the southern Hho-Hho region of Swaziland
- **make** recommendations for further research in this field

1.6 SIGNIFICANCE OF THE RESEARCH

No recorded research could be found that had been conducted in the southern Hho-Hho region of Swaziland on the problems experienced by teenage mothers. Data collected

could therefore be valuable for planning health, educational and support services for the teenage mother and her child. Findings of the research could be used to develop preventive and promotive programmes related to the identified problems and unique needs of the teenage mother.

1.7 PARADIGMATIC PERSPECTIVE

To identify the interaction within the reality (which is the problems of teenage mothers in this research), the researcher selected assumptions for this research from the paradigmatic perspective. Paradigms in the human and social sciences help researchers to understand phenomena and is a way of looking at natural phenomena that encompasses both theories and methods. A paradigm also assist in organising thinking, observing and interpreting what is seen (Mouton & Marais 1992:21; Creswell 1994:1; Polit & Hungler 1995:648; Brink 1996:28).

- **Phenomenological approach**

The research is based on the phenomenological approach with the following assumptions:

- The human being as an unified whole possesses individual integrity and manifests characteristics that are more and different from the sum of the parts.
- The individual and the environment are continuously exchanging matter and energy with each other.
- Life processes of human beings evolve irreversibly and undirectionally along a space/time continuum.
- Patterns identify individuals and reflect their innovative wholeness (Chinn & Kramer 1995:192).

According to George (1995:3) and Chinn and Kramer (1995:192), phenomenology sees nursing as an **experience lived** by human beings, in this research, it refers to the teenage mother. Each such experience is taken to be unique to the individual and to the point in time and space in which it occurs. Individuals are themselves unique and can only be experienced **holistically**; thus, as Rogers (in George 1995:229) states *the concern of nursing is with man in his entirety, his wholeness.*

- **Paradigmatic perspective**

The paradigmatic perspective consists of meta-theoretical, theoretical and methodological assumptions. These are discussed below.

1.7.1 Meta-theoretical assumptions

Meta-theoretical statements are basic assumptions and value statements of a philosophical nature that are accepted as being true on the basis of logic and reason, without proof or verification (Polit & Hungler 1993:431; Mouton & Marais 1996:37). The meta-theoretical assumptions of research are therefore not testable and deal with the researchers' views on man and society and offers a framework within which theoretical statements are made. The researcher recognised a Judeo-Christian world view and accept therefore the following statements:

- **Human being/a person**

A human being is viewed as a unique spiritual being who functions in an integrated bio-psycho-social manner in his or her quest for wholeness and therefore interacts as a whole with his or her internal and external environment (Oral Roberts University, Anna Vaughn School of Nursing 1990).

- **Nursing/community nursing**

Nursing/community nursing is viewed as a purposeful service aimed to promote the health of the individual, family and community, in order to maintain health and to prevent illness. Central to this service is the concept of nursing for wholeness. The promotion and maintenance of health and the prevention of illness and the restoration of health is seen as follows:

- *The promotion of health* refers to the activities in nursing that will facilitate wholeness.
- *The maintenance of health* refers to the nursing activities that will keep the individual, family and community healthy or whole.

- *Prevention of illness and restoration of health* refers to the nursing activities that will facilitate the return to acceptable levels of health of the individual, family and community.
- *Illness* is a condition that reflects the individuals' interaction with his or her internal and external environment. Illness can also be indicated qualitatively on a continuum from seriously ill to minimally ill. Any person has the potential to become ill (Oral Roberts University, Anna Vaughn School of Nursing 1990; Rand Afrikaans University, Department of Nursing Science 1992:1/10).

1.7.2 Theoretical assumptions

According to Mouton and Marais (1996:21), theoretical assumptions are statements that can be tested about social phenomena. These assumptions therefore include statements which form part of a model or theory

This research endorses the theoretical assumptions of the Nursing for the Whole Person Theory as described by the Oral Roberts University, Anna Vaughn School of Nursing (1990).

The theoretical assumptions of the Nursing for the Whole Person Theory applied to this research are as follows:

1.7.2.1 Person: Teenage mother

A person in this research refers to the teenage mother in the southern Hho-Hho region of Swaziland. As a holistic being, the teenage mother interacts with her internal and external environment. The problems of the teenage mother is also experienced as holistic. The interaction that takes place between the teenage mother and her external environment and within herself is regarded as unique.

1.7.2.2 Objective: Health, wholeness

Health is seen as a condition of physical, psychological and spiritual wholeness of both the

researcher and the participants, the teenage mothers in the southern Hho-Hho region of Swaziland. The interaction between the internal and external environment of the teenage mother determines this wholeness.

Health can be indicated qualitatively on a continuum from optimum health to illness. Any individual has the potential to become ill. Health and *wholeness* are used synonymously in this research. All individuals have the objective of being or becoming whole. The objective of community nursing is to promote wholeness in the individual, family and community. To be healthy, **not** to be pregnant or **not** to be a teenage mother, or to be a well adapted and happy teenage mother is seen being whole. The community nurse has the opportunity, resources and knowledge to facilitate wholeness in the teenage mother.

The focus of this research is on the problems experienced by the teenage mother and by doing this, identifying her needs for health care provision. By planning health care services to recognise and identify the unique problems and meet the needs of the teenage mother enables the teenage mother to become whole again and develop to her full potential.

1.7.2.3 Context: Environment – holistic problems of teenage mothers/Southern Hho-Hho region of Swaziland

This concept included the internal and external environment of the teenage mother.

- **External environment**

The external environment is seen as physical, social and spiritual in nature and in this research it refers to the environment of the southern Hho-Hho region of Swaziland and the unique situation (own community and culture) the teenage mother finds herself in.

- **Internal environment**

The internal environment of the teenage mother relates to the body, mind and spirit. The internal and external environment is integrated to enable the individual to function as a

whole person.

This research also endorses the theories of Paterson and Zderad and the Nursing for the Whole Person Theory (Oral Roberts University, Anna Vaughn School of Nursing 1990) which view nursing as a *response to human needs*. These theories also consider the people as unique human beings who made choices which are based on awareness and knowledge. Humanistic nursing is the response of one human need to another (George 1995:304). Applied to this research, the researcher views the teenage mother as a person who makes choices based on her knowledge or ignorance that may influence her life and future. The situation she find herself in, creates problems for her and her child. The community nurse should do everything in her power to respond to the needs that these problems create.

1.7.3 Methodological assumptions

Methodological assumptions reflect the researchers' view of the nature and structure of science in the discipline (Rand Afrikaans University, Department of Nursing Science 1992: 1/10). Methodological assumptions develop or refine procedures for obtaining, organising or analysing data (Polit & Hungler 1993:431-432). In this research, procedures are refined, developed, organised and analysed, in terms of the data obtained from the teenage mothers in the age group 10 to 19 years who lives in the southern Hho-Hho region of Swaziland.

1.7.4 Central statement

Gaining insight into the unique problems of the teenage mother in the southern Hho-Hho region of Swaziland is necessary to identify needs that would form the basis on which to plan suitable health care and support systems for the teenager in general and teenage mother in particular.

1.7.5 Operational definitions

The concepts relevant to this research included the following:

- **Teenager**

A teenager is viewed as an individual in the process of gradual transition from childhood to adulthood (Stanhope & Lancaster 2000:531). Because traditions and customs vary so widely from one setting to another, defining teenager in specific universal terms is difficult. Despite this difficulty some observations can be made about teenagers themselves. Namely that the teenager is no longer a child and yet is not considered by society as an adult (Stanhope & Lancaster 1992:928).

In this research the *teenager* is seen as an individual at the adolescent stage of development within the age group 10 to 19 years.

- **Teenage mother**

According to the Oxford Paperback Dictionary (1988:532) *a mother is a female parent who rears her children in a motherly way.*

For the purpose of this research a *teenage mother* is viewed as a teenager who is not yet an adult but is a parent. She is also seen as an unique human being, who experiences problems and who has unique needs as an individual in raising and caring for her child.

- **Mothers**

In this research the concept *mothers and motherhood* describes the status of being a mother and includes all the activities, skills, nurturing, caring and changes related to becoming a mother and being a mother (Oxford Paperback Dictionary 1988:532).

- **Problems**

A problem is a need which was not met and subsequently developed into a problem. Problems are circumstances requiring some **course of action** (Stanhope & Lancaster 1992:930; Dreyer, Hattingh & Lock 1993:15). Only people who appear to be at high risk, due to the existence of certain problems would be deemed to appear to be "in need" and

would require some course of action (Malin, Manthorpe, Race & Wilmot 1999: 36).

In this research, the term *problem* is viewed as those difficulties which the teenage mother experiences as result of becoming and being a teenage mother and one for which she herself cannot find solutions.

- **The Hho-Hho region**

The Hho-Hho region is one of the four regions of Swaziland and lies on the north-western part of the country and covers 32 percent of the total Kingdom of Swaziland. This geographical area will be appropriately described in more detail in chapter 3.

- **Swaziland**

The Kingdom of Swaziland is one of the small land-locked countries in the southern region of the African continent.

- **Physical problems of teenage mothers**

The concept *physical* refer to all aspects that may be related to the body or physical health of an individual (Poggenpoel 1990:9).

Physical problems in this research refer to all the difficulties the teenage mothers in the southern Hho-Hho region of Swaziland experience as a result of them becoming and being teenage mothers in terms of their body and physical health status.

- **Social problems of the teenage mothers**

The concept *social* refer to all people or significant others within a family's external environment. Social also refers to the organisational structure between people and communities. Social therefore refers to all human resources (Poggenpoel 1990:9).

Social problems in this research refer to all those difficulties teenage mothers in the southern Hho-Hho region of Swaziland experience in terms of mutual relationships with

significant others living in an organised community. These relationships include those that the teenage mothers have with the community, their peers, parents, off-spring and social structures such as the school, the church and health care services.

- **Cultural problems of the teenage mother**

Culture is based on standards on what is, what can be, how to feel about it, and how to do it. Culture is the distinctive way of life characterising a given community. Culture includes the community resident's beliefs, values, customs and institutions (Stanhope & Lancaster 1996:933).

In this research *cultural problems* refer to all the difficulties which the teenage mothers living in the southern Hho-Hho region of Swaziland may experience. These problems are related to standards of behaviour as determined by community beliefs, values and customs as well as belonging to a specific institution. It also refers to a possible situation where the teenage mother is in conflict with the culture of her community and the problems this cause.

- **Psychological (emotional) problems of the teenage mother**

The concept *psychological* refers to the experiences and behaviour of an individual. It includes all intellectual, emotional and volitional processes (Oral Roberts University, Anna Vaughn School of Nursing 1990:136-142; Rand Afrikaans University, Department of Nursing Science 1992:1/10).

In this research, *emotional problems* refer to all the difficulties the teenage mother who lives in the Hho-Hho region of Swaziland experience in dealing with intense mental feelings that may have developed as a result of becoming and being a teenage mother. The researcher only concentrated on emotional problems. Psychological problems are not investigated as this will require the services of a psychiatrist or psychologist to diagnose.

- **Spiritual problems of the teenage mother**

Spirit refers to that part of the individual created to stand in relationship with God. The

human spirit is constituted of three interrelated parts that function in a coordinated manner: conscience, intuition and communion. Conscience is that part of the human spirit that distinguishes right from wrong. Intuition is the feeling part of the spirit – it implies direct knowledge independent from external influence. Communion refers to the individual's worship of God and God's communication with man. Communion in this instance can also refer to an individual's choice of God (Oral Roberts University, Anna Vaughn School of Nursing 1990:136-142).

In this research the *spiritual problems* refer to the difficulties the teenager who lives in the southern Hho-Hho region of Swaziland experience as a result of becoming and being a mother, such as her relationship with God which should help her distinguish right from wrong or her feelings of guilt.

- **Economic problems**

Economic is the term used to refer to the financial aspects of something (Oxford Paperback Dictionary 1988:255).

In this research *economic problems* refer to the financial difficulties experienced by the teenage mother in the southern Hho-Hho region of Swaziland as a result of her becoming and being a teenage mother as well as the lack of support to address these problems.

- **Educational problems of the teenage mother**

The term *education* refers to the systematic training and instruction designed to impart knowledge and develop skills (Oxford Paperback Dictionary 1988:257).

In this research *educational problems* refer to the difficulties the teenage mother living in the southern Hho-Hho region of Swaziland may experience due to her becoming and being a teenage mother, such as training and instructional problems which are designed to equip her with knowledge and skills and the development of mental powers that will shape her character and future.

- **Adolescence**

The development stage of adolescence is impossible to define in exact chronological terms, but it is often defined as the period which begins with the onset of puberty and ends with the achievement of a certain level of maturity (Edelman & Mandle 1998: 542).

In this research the *adolescence* period is viewed as the teenage mother in the age group 10 to 19 years.

- **Support systems**

According to the Oxford Paperback Dictionary (1988:822,831) a support system is a set of connecting things or parts that form a whole or work together to supply necessities.

In this research *support systems* are a set of connecting parts which work together to supply the teenage mother with necessities such as those from other individuals or institutions or which she requires as a result of becoming and being a teenage mother.

1.8 RESEARCH DESIGN AND METHOD

A qualitative, descriptive, explorative, contextual research design was used to investigate the problems experienced by the teenage mother in the southern Hho-Hho region of Swaziland.

- **Qualitative research**

Qualitative research is often described as holistic because it is concerned with humans and their environment in all their complexities. It is also naturalistic – without any researcher imposed controls or constraints. It is based on the premise that knowledge about humans is not possible without describing human experience as **it is lived** and defined by the actors themselves. Qualitative research is a way to gain **insights** through discovering meaning, exploring the depth, richness and complexity inherent in the phenomenon (Burns

& Grove 1993:61). This will be discussed in more detail in chapter 3.

In this research, data was collected through naive sketches and in-depth individual interviews. This will be discussed in more detail in chapter 3.

- **Descriptive research**

Descriptive research begins with well-defined subjects and conducts research to describe it accurately. The outcome of a descriptive study is a detailed picture of a subject (Neuman 1997:20). In this research a detailed picture of the problems of teenage mothers is described as experienced by the teenage mothers themselves.

- **Explorative research**

Explorative research is undertaken to explore relatively unknown research areas thus gaining new insights and understanding into a phenomenon (Neuman 1997:19). This research explores the problems of the teenage mother which is a relative unknown phenomenon in the southern Hho-Hho region of Swaziland.

- **Contextual design**

A contextual design is one where the phenomenon of interest is studied in terms of its immediate context (Mouton & Marais 1994:49). This research is contextual in nature as it is executed within the context of teenage motherhood in the southern Hho-Hho region of Swaziland.

- **Research sample**

In this study the **research population** is made up of teenage mothers in the age group 10 to 19 years in the southern Hho-Hho region of Swaziland. In chapter 3 the criteria for selecting the participant will be discussed in more detail.

- **Sampling method**

A purposive sampling method was used to select the participants for the writing of naive sketches and in the conducting of the in-depth individual interviews (Creswell 1994:148). The researcher used her own judgement in selecting the participants that were representative of the phenomenon studied. This method will be discussed in chapter 3 in more detail.

- **Sample size**

Ten teenage mothers took part in the writing of naive sketches and fourteen individual in-depth interviews were conducted. The sample size was concluded when saturation of data was reached.

- **Data collection**

According to Creswell (1994:145), the researcher is primarily the instrument for data collection and analysis in qualitative research. In this research, data were collected by means of naive sketches and in-depth individual interviews. Interviews were conducted in the side room of the postnatal clinic – a naturalistic setting. The aim of using the abovementioned data collection methods was to elucidate the participant's perceptions of the phenomenon without imposing any of the researcher's views on the participants (Polit & Hungler 1991:277).

- **Naive sketches**

Ten teenage mothers took part in naive sketches. The procedure and process is described in detail in chapter 2.

- **In-depth interviews**

Teenage mothers who met the criteria for the sample of this research were interviewed. Saturation was reached when, on analysis of the transcripts, no additional data could be found. Fourteen teenage mothers were interviewed and six transcripts were analysed

before it was decided that saturation of information was reached. This is consistent with the view of De Vos (1998:305).

- **Analysis of data**

The naive sketches were analysed using Tesch's method to identify themes and sub-themes described by Creswell (1994:155). This will be discussed in more detail in chapters 3 and 4.

The tape-recorded responses of the participants of the in-depth individualised interviews were transcribed and translated into English and used as data base for the study. It was analysed using the QRS NUD*Ist computer programme. QRS stands for **Q**ualitative **R**esearch and **S**olutions and QRS NUD*Ist stands for **N**on-numerical **u**nstructured **d**ata* Indexing **S**earching and **T**heorising. This will be discussed in more detail in chapter 3.

1.9 LITERATURE REVIEW AND LITERATURE CONTROL

A literature review was carried out only to obtain information on the development stages of the teenager, the extent of teenage motherhood and other relevant issues. After the data was analysed, the researcher compared the findings obtained from the identified themes and categories against those of similar documented studies. Both similarities and differences were highlighted (Field & Morse 1996:106).

1.10 TRUSTWORTHINESS OF THE RESEARCH

Trustworthiness of a study is evaluated by establishing:

- the transferability and applicability of the findings to another setting or group of people
- how sure the researcher was that the findings of the study were reflective of the participants and the inquiry itself, rather than based on the researcher's prejudices or biases
- how transferable and applicable the findings were to another setting or group of people
- how sure one was that the findings were replicated if the study was to be conducted

with the same participants in the same context but at another time

In this study Guba's model was used to ensure trustworthiness. The one criteria mentioned by Guba, namely credibility was used to ensure truth value while applicability, consistence and neutrality was ensured by the application of strategies such as transferability, dependability and confirmability (De Vos 1998:305). This will be discussed in more detail in chapter 3.

1.11 AN OVERVIEW OF THE ETHICAL CONSIDERATIONS

During the research specific considerations with regard to the ethical aspects were given due to the sensitive nature of the research. The rights of the participant to self-determination was also respected without penalty or prejudial treatment.

The researcher ensured that no participant was subjected to any physical, emotional, spiritual, economical, social or legal harm.

The privacy of the participant was ensured by not sharing any of the collected information with others. All data gathered were kept confidential unless permission was given by the participant to make it known.

An informed consent was obtained from each participant in the research project. (The ethical principles applied in this research is discussed in more depth in chapter 3.)

1.12 LIMITATIONS OF THE RESEARCH

The initial limitations that could be identified in the research is the fact that the literature available and statistics on the health situation of Swaziland in general and the health of the

teenage mother in particular are outdated. With the cooperation of the WHO and UNICEF various studies were launched during 1994, but unfortunately no research was done since then in this area and therefore no meaningful publications are available.

1.13 CHAPTER LAYOUT

This research report will have the following chapter layout:

Chapter 2: Literature review
Chapter 3: Research methodology
Chapter 4: Data analysis and literature control.
Chapter 5: Summary, limitations, recommendations and conclusions

1.14 SUMMARY

In this chapter an overview was given on the background of the research, the rationale, objectives and importance of the research problem, namely the exploration and description of the problems of the teenage mother in the southern Hho-Hho region of Swaziland. An overview was also given on the paradigmatic perspective of the research, the research design and method that was used and how trustworthiness of the findings was ensured. An overview was also given on the ethical aspects considered in this research.

In the next chapter literature pertaining the characteristics of the teenager and other relevant topics is discussed.

CHAPTER 2

Literature review

2.1 INTRODUCTION

In the previous chapter an outline was given of the dissertation. In this chapter the literature is given as pertaining to the problems related to teenage motherhood as investigated by various researchers. The literature was also consulted to compare the findings of this research. The literature control of the findings is discussed in chapter 4.

Adolescence is seen as the onset of puberty, although many cultures may differ widely over when it ends. However, the purely biological approach to the definition of adolescence overlooks important social and legal consideration. Chui (in Paxman & Zuckerman 1989:4) maintains that it is difficult to define teenagers in general terms:

> *In many developing countries, especially in rural and underdeveloped areas, a girl is often considered to be an adult at the time when menstruation is established regularly. They tend to marry early and do not go to school. The transition from childhood to adulthood in such cases is quick, and the notion of adolescence does not exist. On the other hand, in developed countries and increasingly in urban areas of developing countries where rapid social changes are taking place with modernization, young people go to school and tend to marry late. There is a long transition from childhood to adulthood, and the notion of adolescence emerges. There is thus a continuum between quick and slow transition in different societies.*

Solutions to health problems such as the problems the teenage mothers is experiencing rely on understanding the interrelatedness of underlying and more, direct factors and consequences, and the adoption of holistic intervention strategies (Mwaikambo 1995:6; Oral Roberts University, Anna Vaughn School of Nursing 1990:136, 142).

2.2 THE EXTENT OF THE PROBLEM

In the following section the extent of the problem of teenage pregnacies is described including the sexual behaviour and use of contraceptives by teenagers.

2.2.1 Sexual behaviour of teenagers

Lui, Slap, Kinsman and Khalid (1994:336) state that a notable increase has been found in the past years in the incidence of high-risk behaviour such as pregnancy, school drop out and alcohol abuse, to name but a few, among teenagers in many countries of the world. In addition, statistics of other countries in Africa has shown that in the year ending September 1985 teenagers constituted 26,0 percent of the total 1 255 patients delivered at St Barnabas Hospital in Transkei (O'Mahony 1987:771, 773; Boisseau-Goodwin 1993:131). It was suggested that more than 40,0 percent of teenage births in Botswana, Ghana, Kenya, Liberia and Togo were unwanted (Anastasia, Gage & Meekers 1993:14-17). Among these countries, Botswana had the highest proportion (75,0%) of unwanted births.

In a study conducted in South Africa by Boult and Cunningham (1992b:162) it was found that 38,0 percent of teenagers were sexually active by the age of 14 years. By age 15 years 78,0 percent were sexually active. These researchers established that the mean age for teenagers to be sexually active was 14,7 years.

The results of research on the actual dating behaviour of South African teenagers by Olivier (1996:6) indicated that the rate of sexual involvement as relationships become more serious, is rising. More than 9,0 percent (9,7%) of the respondents in this study indicated that they had sexual intercourse during the first date; 15,4 percent were sexually active after a number of dates; 18,6 percent after going steady and 33,2 percent after they established a serious relationship.

2.2.2 Contraceptive use by teenagers

A study by Boult and Cunningham (1992b:162) conducted in South Africa among 145

respondents found that 68,0 percent of respondents never used any form of contraceptives and 85,0 percent were not using contraceptives at the time of falling pregnant. Only one boyfriend used a condom. Only six out of the 145 respondents in the study planned the pregnancy and 90,0 percent would rather not have fallen pregnant.

Although health statistics in Swaziland might be outdated or is poorly documented some findings may still be of value today. Dlamini (1995:6) found that teenagers in Swaziland are sexually active but also unfortunately ignorant about contraceptives to prevent pregnancy and motherhood in their vulnerable years (Rapid Evaluation Methodology 1996:8), as indicated in the following table.

Table 2.1: Sexual behaviour and reproduction among teenage girls of age 10 to 19 years in Swaziland

SEXUAL EXPERIENCE	PERCENTAGE
Percentage of girls sexually mature by age 15 (onset of menarche)	19,3
Percentage of girls having experienced sexual intercourse, age 15 to 19	52,0
Percentage of schoolgirls with children made pregnant by schoolmate	31,0
KNOWLEDGE AND USE OF FAMILY PLANNING	**PERCENTAGE**
Percentage of girls age 10 to 14 using contraception	1,0
Percentage of girls age 15 to 19 using contraception	9,5

(Dlamini 1995:6; Rapid Evaluation Methodology 1994:8)

Edelman and Mandle (1998:567) state that while older teenagers (in the age group 15 to 19 years) are increasingly using contraception, younger ones (in the age group 10 to 15 years) remain less likely to do so. Reasons for this include the younger teenager's cognitive immaturity (lack of appreciation of consequences of their actions); the need for acknowledgement of sexuality to themselves and the characteristics of teenage relationships, that is, tendency to be brief and acutely felt so that intercourse may not be anticipated.

According to the survey done by Harris (1986:437-449), two-thirds of teenagers who are sexually active do not always use birth control and 27,0 percent say they never use it. The single reason that teenagers most commonly give for having unprotected sex is that the occasion for sex arose unexpectedly, with no time to prepare, 21 percent of those who usually had sexual intercourse without contraceptives state this as a reason.

Most teenagers who have had intercourse by the age of 17 say that their first experience was unanticipated (American Academy of Paediatrics Committee on Adolescence 1986:535-536) — two-thirds according to the Harris Poll (Harris & Associates 1986:451).

Only 41,0 percent of sexually active teenagers use contraceptives the first time they have intercourse and many fail to use contraceptives on subsequent occasions (Harris & Associates 1986:451) or fail to use them properly. When asked why their peers do not use contraceptives, nearly 40,0 percent said that young people either prefer not to use birth control, do not think about it or do not care, enjoy sex more without it, or want to get pregnant (Harris 1986:451-452).

Guild (1992:10) found that teenagers in Swaziland begin sexual activity at early age and many have multiple partners. When asked why they prefer many partners, they claimed they wanted variety, experience, popularity, money and faced competition.

According to Boult and Cunningham (1992b:159), teenage pregnancies and teenage motherhood in particular is seen as a major problem in the world and in the third world countries in particular. In Africa it has reached crisis proportions.

Teenage pregnancy and motherhood rates, from official sources, often differ from that of smaller studies done in certain areas. Whatever the source of the statistics may be, the figures are nevertheless extremely high. A study conducted by Eden (1985:98) indicated that world-wide 61 000 babies were born to teenage mothers in 1980, and 77 372 babies were born out of wedlock, one third of these were born to teenage mothers.

Although the teenage pregnancy and child bearing rates in the United States of America have since declined, the rates remain as high as 54,7 percent of 1 000 women in the group aged 15-19 years (Lesser & Escoto-Lloyd 1999:289).

In Table 2.2 the findings of a study conducted by the International Family Planning Perspectives (1993:15) in some African countries are given to compare the extent of teenage motherhood among the age group 15 to 19 years.

Table 2.2: Percentages of those who gave birth by age group and country (1986 to 1989)

Age groups	Botswana	Burundi	Ghana	Kenya	Liberia	Zimbabwe
	N = 1,5	N = 941	N = 838	N = 1,7	N = 982	N = 1,1
15 to 17	11,9%	0,2%	3,1%	4,6%	13,6%	2,0%
18 to 19	33,0%	1,1%	9,7%	18,8%	44,5%	9,7%

(International Family Planning Perspectives 1993:15)
N = million of the general population.

Looking at the above percentages in Sub-Saharan countries, childbearing among women aged 15 to 19 years, is almost non-existent in Burundi (0,2%), but is prevalent in Botswana (11,9%) and Liberia (13,6%). About twice as many teenage mothers in Botswana, namely 43,9 percent have given birth as have those in Kenya (23,6%) and more than four times as many as Ghana (12,80%). A high prevalence of childbearing in teenage mothers raises important questions concerning responsibility for supporting these children, particularly as many of these countries are struggling financially and do not have the resources to carry this burden.

Some studies place the teenage pregnancy rate at between 22,0 percent to 40,0 percent in some areas in South Africa, with the rural context being the highest (Ntombele-Motapanyane 1995:152; Nkau 1998:31).

According to Ngwezi (1996:18), 130 000 black girls under the age of 17 years in South Africa gave birth during 1995 and this number has increased three times in 1996. It is also not unusual for an 18 year old girl to have three children. In Botswana, for instance according to Ngwezi (1996), it has been found that about 57,0 percent of all women with children are unmarried teenagers.

In Swaziland the situation is no better, particularly if kept in mind that one child born to a teenage mother is one too many as it can be prevented and have serious future consequences for both the mother and off spring.

According to the Safe Motherhood Initiative Audited Report (1997: 2-26) 12 of the 6 756 deliveries done at health services in the Hho-Hho region during 1996 was among teenage girls between the ages of 10-14 years and 1 520 were teenagers of 15-9 years of age, which comprises 1,9 percent and 22,5 percent respectively of all the deliveries.

A major concern for the Swaziland Government in 1996 is **teenage deliveries** which accounted for 27,0 percent of **all** deliveries in 1995 (Rapid Evaluation Methodology 1996:2-5). The figures were not much different in 1996 with 23,3 percent of teenage (10 to 19 years old) deliveries in Swaziland's **main** Hospital and Health Centres (Safe Motherhood Initiative, Audit Report 1997:2-6).

Although it is difficult to find meaningful statistics of teenage mothers in Swaziland and the Hho-Hho region in particular as there is no proper recording of teenage deliveries in statistical records, the following statistics of the delivery records of 1996 made available by the Ministry of Health in the Rapid Evaluation Methodology for Safe Motherhood Initiative Programme, could give some indication of the problem in the Hho-Hho region compared to that of Swaziland. The following can be derived from the statistics available:

- Deliveries in Swaziland for 1996 in all major hospitals for all age groups were 18 894, and of these deliveries of teenage mothers were 4 743 which is 25,1 percent of all deliveries.
- Deliveries in the Hho-Hho region for 1996 for all ages were 6 694, and teenage deliveries in the Hho-Hho region alone were 1 288 which is 19,24 percent of teenage deliveries in the area.
- Deliveries of the southern Hho-Hho region of Swaziland for 1996 for all ages were 3 854. Teenage deliveries in the southern Hho-Hho region alone for 1996 were 817 which is 21,2 percent for all deliveries in the southern Hho-Hho region of Swaziland (Rapid Evaluation Methodology 1996:8).

Teenage pregnancy is therefore widespread and it occurs among all cultural and ethnic

groups in rural as well as in urban areas in all countries of the world. It is for this reason that there is a world-wide concern about young unmarried pregnant teenagers and motherhood (Boult & Cunningham 1992b:159). These teenagers are considered to be physically and emotionally **unready** for the task of childbearing and rearing and it causes disruption of both their social and educational development (Boult & Cunningham 1992b:159).

Although Swaziland has no explicit policy aimed at reducing the country's high population growth and fertility rates, the government has acknowledged that the problems need to be addressed urgently. This concern has been articulated in Swaziland's development plans (Development Goals in Swaziland: Strategies, achievements and policy implications 1992:2) and also in the Economic and Social Reform Agenda (ESRA) of 1997.

The Government of the Kingdom of Swaziland has demonstrated a strong interest in improving the health of mothers through its participation in international, regional and sub-regional meetings, conferences and workshops. The Ministry of Health elected to undertake a rapid situation analysis with emphasis on quality care, programme performance, service utilisation and community involvement and satisfaction in the services.

To this end, the evolving ideas of *Mother-Baby Package* even in the early stages of development by the World Health Organisation provided a useful guideline for the Ministry of Health in Swaziland (Rapid Evaluation Methodology 1996:6). Unfortunately these strategies are not particularly targeted to the teenage mother.

2.3 FACTORS CONTRIBUTING TO TEENAGE PREGNANCY AND MOTHERHOOD

Various factors seemed to have contributed to the teenagers becoming teenage mothers or might have aggravated the problems the teenage mothers are experiencing.

Smith (1996:131) states that parents who are poor, those who are poorly educated, female heads of households, and parents of colour are more likely to have official records of maltreatment according to a number of studies done on this subject. A study done by Smith (1996:135) confirms the suggestion that there is a link between maltreatment and

pregnancy. This study found that maltreated teenagers are 2,76 times more likely to become pregnant than non-maltreated teenagers. Thus maltreatment can be seen as a risk factor for teenage pregnancy. It can be explained by the fact that children who have been **maltreated** tend to do more poorly in school, exhibit more disruptive behaviour, such as teenage pregnancy, exhibit a lack of social skills that would lead to inclusion in conventional peer groups, and show increased levels of depression and low self-esteem (Smith 1996:135). The linkage between childhood sexual abuse and teenage pregnancy; focusses on the notion of traumatic sexualisation that accompanies sexual abuse, leading to sexual preoccupation, sexual behaviour, and more serious manifestations such as sexual aggression and sex offending. It was found that almost 10 percent of pregnant teenagers have indicated that they have experienced sexual molestation, with half of those experiences involving a family member. Fifty-three percent of the 535 respondents reported in a study by Boyer and Fine (1992) cited in Smith (1996:132) a previous sexually abuse experience. This study also indicated that 36 of the pregnant teenagers in their study indicated that they were emotionally abused while they were growing up and 64,0 percent reported physical abuse and neglect. Stevens-Simon and Mc Anarney (1994) cited in Smith (1996) reported that 33,0 percent of the pregnant teenagers in their study reported either physical abuse or sexual abuse. Moreover, two studies have also linked physical abuse with sexual risk-taking behaviour in general. (Cunningham, Stiffman, Dore & Earls, 1994; Luster & Small 1994) cited in Smith (1996:135). Researchers have also noted that multiple types of maltreatment coexist in the same families. Significantly higher maltreatment rates were found among teenagers without both biological parents present. There is no significant differences in maltreatment by level of education of the primary caretaker (Smith 1996:135).

Research conducted by Boult and Cunningham (1992b:16) and Mogalabone (1999:56) on teenagers indicated some other underlying factors that could have contributed to teenage motherhood:

- lack of parental guidance and discussion concerning sexuality and contraception
- teenage experimentation
- risk-taking behaviour
- deliberately becoming pregnant in order to have someone to love
- to claim attention

- to prove fertility
- an allowance made of supporting parents may be an additional attraction
- low self-esteem, or have experienced peer pressure (Robertson 1989:47-48)
- wanting to "hold on" to a male partner
- to have someone to love – in rural areas it is almost normative
- to prove their ability to attract male partners
- places them in a position to drop out of school and in so doing reduces pressures by teachers
- rebelling against parental constraints
- child-bearing brings with it a prospect of starting an independent household
- indication that the teenager is not a child anymore
- a possible solution when it is difficult to obtain employment
- teenager is welcomed into the sisterhood of adult women, regardless of their age
- family disorientation in Black teenage pregnancies in America, Africa and South Africa
- rapid urbanisation and westernisation which eroded many of the traditional norms and values
- bored with school and poverty
- will not need to return to school now that they are mothers
- ignorance of the relationship between menstruation, coitus, fertility and conception (Boult & Cunningham 1992b:160)
- powerlessness of the female teenager (Mokgalabone 1999:56)

2.4 THE PROBLEMS OF THE TEENAGE MOTHER IN RELATION TO THE ADOLESCENT DEVELOPMENT STAGE

The transition into adolescence is seen by many as a traumatic one, and that it is brought about by the physical changes that occur during this period of the life cycle. Much research has been done on the transitional change to adolescence in general and on the effects of pubertal development in particular.

The **demands** placed on the teenager during adolescence – also called the *developmental tasks* – that must be mastered if she is to function successfully in an adult

society, can de summarized as follows:

- acceptance of one's own physique and use of body effectively
- establishment of new and mature relationships with peers of both sexes
- emotional independence
- achievement of emotional independence from parents and other adults
- preparation for vocation
- achievement of economic independence
- preparation for marriage
- achievement of socially responsible behaviour

The abrupt assumptions of parental responsibilities precludes the successful resolution of teenage developmental tasks such as identity formation and the development of intimacy which may in turn, have adverse effects on the subsequent formation and maintenance of intimate relationships (Bolton 1980:13-16).

Bulcroft (1991:90) found that there is no justification for this generalisation regarding this so called storm and stress stage and believes that it depends on the characteristics of the change, the characteristics of the individual and the outcome area at issue, whether the transition to adulthood occurs without problems. However, as mentioned before, the teenage mother is generally not ready to become a responsible parent as she is not empowered with the knowledge and skills to overcome the pressures placed on them by society.

Early child bearing is not an isolated behaviour, it is often supported, perhaps unconsciously, by family and friends. Teenagers often feel that ..."every one is doing it"... and do not want to be outnumbered or do not want to feel that they might be missing out on something important in life. Most pregnant teenagers and teenage mothers are neither strong-willed nor inner-directed. If they were they probably would not have become, or stayed pregnant (Klerman 1993:555).

The various dimensions of the teenage mother will be discussed as parts of the "whole" as mentioned in the brief discussion of the Nursing for the Whole Person Theory in chapter 1.

2.4.1 The physical dimension

The age of onset, magnitude, and duration of growth and development may vary greatly from individual to individual, but the average for the beginning of pubescence is 10 years (Edelman & Mandle 1998:534). It is the stage during which the reproductive functions mature, rapid growth occurs in height and weight, and the primary sex organs enlarge and secondary sex characteristics appear. During this 2-3 year growth spurt, dramatic alterations in the teenager's body size and proportions occur. The magnitude of these changes are second only to the growth rate from conception to birth and during infancy.

Some researchers, such as for example Stevens-Simon and McAnarney (1993:428) have found that pregnancies in young teenagers are more **complicated** than in mature woman and **neonatal risks** seem to occur more frequently. As many teenage mothers have not stopped growing themselves, the small pelvic size often leads to obstructed labour and other life threatening complications for example obstructed birth and low birth weight of the infant. Boult and Cunningham (1992b:162) state that the body of the teenager and the reproductive organs is undergoing the normal changes associated with puberty and now has to change as a result of pregnancy. This statement is consistent with the view of Stevens-Simon and McAnarney (1993:428) who state that the body even continues to grow for several years after conceivement.

Teenage mothers are, according to Boult and Cunningham (1992b:162), more prone to complications such as eclampsia or pregnancy induced hypertension. Iron deficiency may also occur due to the rapid growth rate of the teenager and the beginning of menses. Poor socio-economic conditions and associated poor nutrition, inadequate antenatal care as a result of ignorance may worsen the situation. This may have a serious impact on the health of the teenage mother and infant.

Childbearing and child rearing during adolescence often result in poor health outcomes for some mothers and their children. It has been found in the study done by Stevens-Simon and McAnarney (1993:431) that the immature pregnant teenager gained weight more rapidly during the second and third trimester of pregnancy than did their skeletal mature peers. It was also found that the immature pregnant teenager tend to lose height as the immature skeleton compresses during pregnancy and increases lordosis and intervertebral

disc compression. Although the findings of this research did not support the hypothesis that the physiological immaturity of pregnant teenagers is an important obstetric risk factor, they should not be misinterpreted that there are no physiological risks associated with early teenage child rearing (Stevens-Simon & McAnarney 1993:431).

The above mentioned authors are of the opinion that the belief that pregnant teenagers experience poor pregnancy outcomes is true, but the usual rationale behind it is not. The rates of maternal pregnancy and neonatal mortality is higher in teenagers than in older women. Researchers such as for example Klerman (1993:555), believe today that except in the younger teenager these differences is due to **poverty** and not the **age** of the teenager. Moreover, when prenatal care is of a high quality and supportive services are offered and accepted the teenager have the same rate of uneventful pregnancies and births than the older woman.

The teenager is likely to have a variety of sexual partners and the relationships with these partners are not stable which increases the risk of contracting sexually transmitted diseases. It has been reported by Kulin (as cited in Mogotlane 1993:11) that more than 50 percent (50,0%) of the urban teenage population studied contracted sexually transmitted diseases and recently the concern increases for the contracting of Acquired Immunity Deficiency Disease (AIDS).

The majority of teenagers who took part in the study conducted by Kulin (1993) knew that some disease may be transmitted through sexual intercourse. Their knowledge about HIV/AIDS were however limited to statements such as: "... to have only one partner" and "... one can die." Respondents did not act on their knowledge of sexually transmitted diseases and that the boyfriend should use condom during sexual intercourse (Boult & Cunningham 1992b:162).

2.4.2 Social dimension

Socialisation with the norms and values of society is important in order to become responsible adults of society. It is just as important for teenagers to become part of their peer group, however the limitations imposed on them by motherhood make interpersonal relationships and socialisation with their peer group problematic (Panzarine 1986:153-161;

Thompson & Peebles-Wilkins 1992:23).

Barrat (1991:442) states that a combination of poor school performance, lack of close relationships with conventional friends, lack of supportive adults, and negative self-concept may promote a **risk scenario** in which a teenager experiments with a number of adult-like behaviours including early sexual activity, substance use and disengagement from home and school. In retrospective studies conducted on the life course of teenage parents, developmental disruptions in the domain of family, peers, school, personal attitudes and behaviour are consistently associated with teenage pregnancy.

- **Community**

Edelman and Mandle (1998:551) is of opinion that by the end of adolescence, the young person is expected by society to assume a full adult role. It is, however, important for the teenager to progress through the normal development stages towards adulthood if she is to assume this role as mature adult with responsibility.

Unfortunately, in this development stage teenagers often demonstrate a kind of egocentrism in thinking, as it is important for the teenager to know that they are being **accepted** by an "imaginary audience" (Edelman & Mandle1998:552). This leads to being the focus of attention, feeling special, unique and exceptional and even fable of immunity. The latter can lead to **risk taking behaviour** for which the teenager is well known: "I can't get pregnant; after all I've had sex for six months and haven't gotten pregnant" (Edelman & Mandle 1998:552).

In communities where teenage pregnancy is common there is a related attitude which emphasises sex as romantic, exciting and entirely necessary for teenage existence and part of the process of becoming mature adults. Some communities accept early pregnancy as a confirmation of fertility while others, especially complex high technological urban societies, argue that pregnancy is better delayed to the third decade of life when the girl is thought to have reached full physical and emotional maturity, has completed formal education and is capable of caring for and supporting her child.

If parenthood occurs, the status of the teenage mother in the community moves from being

a relative **dependent member of society** to taking on **full responsibility for herself, her actions, and sometimes another person.** It is therefore clear that if this development stage has not been completed in a normal way the teenage mother may have problems to adapt to the responsibilities associated with motherhood.

- **Interpersonal relationships**

In Swaziland obedience and submission are values instilled in girls towards boys, and carried throughout life. Boys are taught to be tough and forceful. Boys have little consideration for girls and do not know how to interact socially without having sex (McLean 1991:11-13). Many teenage girls begin sexual activity at a early age and many have multiple partners. They are often not empowered with knowledge and skills to handle difficult interpersonal situations and do not know how to say "no" to the boys.(Guild 1992:10).

A study investigating the influence of supportive relations on the psychological well-being of teenage mothers found that support from friends and relatives, in particular female siblings, was associated with higher levels of stress and distress, while support from a male partner was associated with low levels of distress (Thompson 1986:1006-1024).

- **Peers**

Teenagers handle the most complex transitions in their development with varying degrees of grace and ease. An important source of support for teenagers, that parents may disapprove of, is the growing involvement with **peers**. Teenagers are often more comfortable to be with other people who are going through similar changes. At a time when the surges towards social and emotional maturity demands that young people question the values of adult standards and the need for parental guidance, it is reassuring to be able to turn for advice to friends who can understand and sympathise because they are in the same position themselves (Edelman & Mandle 1998:552).

Research conducted by Bulcroft (1991:89) indicate that puberty brings out positive changes in peer relationship and status. The peer group is a source of affection, sympathy and understanding; a place for experimentation and a supporting setting for the

achievement of autonomy and independence from parents, that is why teenagers like to spend time with their peers. It has been found that puberty has no major effect on peer group status and that the more mature adolescent experiences greater status among peers as well as among friends.

On the other hand it was found that the peers or friends of the teenage mother played an important role in the **expulsion from school** and premature parenthood for unintended pregnancies. In research conducted among the 1997 matric pupils of a high school in Umlazi, Durban, it was found that about a third of the matric class (N=63) felt that pregnant schoolgirls should be removed from the school environment. So girls do not necessarily support the pregnant girls to complete schooling. Almost all the boys in the study favoured punitive measures against pregnant school girls. There was only one exception and this respondent argued for the expulsion of teenage fathers as well. Boys feel that the father of the child is not affected by the pregnancy and hence there is no reason to disrupt their schooling. There was little recognition amongst the boys interviewed that as the fathers, they had any responsibility. They regarded pregnancy as a girls' issue and the result of girls' foolishness or promiscuity (Masuku 1998:38).

- **Parents**

The role and responsibility of the parents are to raise their children, give them the necessary love and support and empower them with the necessary knowledge and skills to become independent, self-sufficient, well balanced and responsible adults. If the teenager decides to keep the baby she will need the support and understanding of her parents, not only to physically maintain her, but also to provide emotional support.

During the transitional stage towards adulthood the teenager comes into a power struggle with the parents and this tend to be at the expense of the mother (or father in lower class families). It results in conflict and the relationships become momentary strained, and as the development stage continues ultimately realises greater independence from the parents (Bulcroft 1991:89).

In a study done by Frank, Pirsch and Wright (1990:573) it was found that most teenagers reported relying heavily on parents for assistance in making decisions or help in coping

with difficulties. Parent serve as referents for formulating personal philosophy, personal values, goals or coping with difficulties. Teenagers describing themselves as more autonomous and reported closer, more positive feelings towards their parents.

Where self-determination – a combination of self-esteem and internal locus of control, was higher due to parental status, female teenagers were more responsive to family measures than community influences (Mokgalabone 1999:56).

Unfortunately, parents often find it difficult to communicate with teenagers as a result of the generation gap between the parent and the adolescent. Parents find it particularly difficult to convey to their children their own values about sexuality and cannot always help develop their children into sexually responsible individuals. It was found that almost one-third (31,0%) of teenagers, 28,0 percent of those who are sexually active have never talked with their parents about sex and 42,0 percent are nervous to bring it up. Furthermore, two thirds (64,0%) have never discussed birth control at home. The study also revealed that many parents feel that they need outside help in teaching their children about sexual matters (Mclean 1991:8).

Teenagers are often separated either physically or emotionally from the traditional support rendered by family and community, and engage voluntarily in risky situations or unwillingly find themselves in risky situations. It is also possible that their behaviour is a reaction to other people's concerns about their sexuality, for example, parents and teachers may treat girls who have physically mature bodies more strictly and more disapprovingly than they treat less developed girls (Mwaikambo 1995:10).

Teenage pregnancy is not a problem concerning only the teenager, her parents and the family planning clinics, but also of every responsible citizen. Obviously with something as important as having a baby they should be given all the necessary information so that they may make an informed responsible decision and resist negative influences from their peers.

A study conducted in 1990 to 1991 by Mclean (Mclean 19991:8) explored Swazi secondary students' sexual behaviours, attitudes and communication habits. The results demonstrated a lack of awareness of their bodies and the health consequences of certain

behaviours. Over 54,9 percent of females respondents claimed they had never talked to **anyone** about menarche before they experienced it. Most often they talked to a friend or nonparent family member rather than parent or teacher.

It is therefore essential to look at the relationships of teenagers with peers and parents and how teenagers come to terms with their sexuality, which when not dealt with in a healthy way, teenage girls find themselves faced with serious problems of teenage motherhood (De Barros 1989:10).

Society especially adults have a responsibility to breech the gap between them and teenagers by reducing the tension between these two groups in matters concerning questions and answers needed by teenagers concerning sex. Without giving teenagers correct information, they are bound to be led astray. Educating the youth on how to avoid teenage motherhood, is more essential and coping skills for teenagers are needed. It is therefore essential to review the general gap between adults and teenagers.

Mokgalabone (1999:56) reports that the lack of communication between parents and children and a subsequent lack of information about sexual matters invariably result in sexual ignorance and teenage pregnancy. Where early sexuality knowledge exposure is practised low figures of pregnancy are reported. Parents are therefore an important source of sexual knowledge as opposed to peer influences.

Communication between teenagers and their mothers regarding sexual matters is also decidedly low due to "culture" indicating that many mothers of teenage girls still live in the old secretive ways and the notions of respect of elders. This statement is supported by Woods et al (1997:6) cited in Mokgalabone (1999:56).

In Swaziland issues such as sexuality and the status of women is viewed as controversial and prevented from open discussion. The traditional system for teaching life experiences in Swaziland specifically about sexuality has broken down. It used to be the responsibility of grandparents who also enforced moral codes (Swaziland's National Report on Population and Development 1994:19).

Swaziland, however, is not alone. Dlamini (1993:3) mentions that in Africa in general,

teenagers and adults need interpersonal communication skills to discuss sexuality. According to research and discussions with teenagers, teenagers **want** to get information about sexual matters form their parents but do not seem to get it from them.

Teenagers in present times experience less parental control and family guidance and traditional sanctions are no longer enforceable, therefore ways to regulate behaviour have died with no substitute except for outside influence (Dlamini 1994:3).

One value, therefore, that needs to come to the fore, is responsibility. All behaviour is directed at meeting needs, but some behaviours create conflict with other needs. Responsible people need to evaluate their behavioural choices not only in terms of how effective the behaviour is at meeting a need, but whether that choice is least likely to inflict hardships on other or to result in internal conflict (Felsman, Brannigan & Yellin 1989:16).

Parekh and De la Ray (1997:224) describe the consequences of teenage pregnancy and motherhood as a complex social issue. The authors state that it may cause isolation, loneliness, low self esteem and despair if the teenage mother is rejected by her peers and family. Fortunately in many cases she can ultimately rely on the support of at least her mother. It stays, however, a bumpy road to follow for a young girl.

- **The child of the teenage mother**

The child who is born into an environment which is not ready for him or her, is prone to a variety of problems such as prematurity, low birth weight and poor mothering.

In a study conducted in the United States of America by Parekh and De la Ray (1997:224), it was found that out of the 1 077,33 pregnancies which occurred in teenage girls between the ages of 15 and 19 years, only 513,76 (47,0%) ended in live births

In a study done by Boult and Cunningham (1992b:162) it was found that from the 145 respondents, nine fetuses were aborted, one born macerated, one fresh still birth and one neonatal death accurred. In the study done by Mokgalabone (1999:57) it was found that the teenage girl does not see abortion as an option and tend to keep their children. A quarter of the infants of the respondents in a study conducted by Boult and Cunningham

(1992b:162), it was found that 25,2 percent (25,2%) of babies were born with a mass less than 2,500g, this percentage of low birth mass declined as the age of the mother increased.

Mogotlane (1993:14) states that teenage motherhood is believed to cause unique problems for both the mother and her children, not only in the form of short-term biological consequences, but also in creating long-term psychological, social, school and economic difficulties. Premature parenthood has been found to have a negative impact on the life course of young mothers and their children, than on the offspring of older child bearers (Furstenberg, Levine, Brookes-Gunn 1990:59). In several cases, child rearing are done by a maternal grandmother and returned to the biological mother when the child needs to attend school. Adaptation by the mother and child will be difficult which often may lead to repetition of the same socially unacceptable behaviour by the off-spring.

The children of teenage parents are more likely than others to have low IQ scores and do poorly in school. By high school, the children of young parents tend to be low achievers and they tend to be at high risk of becoming teenage parents themselves (Brooks-Gunn & Furstenberg 1986:224-251).

Some researchers are of the opinion that a young mother cannot be a good parent, and that the consequences of teenage motherhood are enormous for the girls, their babies and society at large. Other authors again are of the opinion that age *per se* is not the determining factor when it comes to the raising of their off-spring and that their financial status plays a major role.

Anastasia, Gage and Meeker (1993:14-17) found that women who experienced childbearing at a young age were more likely to be displeased with the birth of their first child than those who had their first child at a later stage in their lives. In addition, Klerman (1993:555) states that teenage mothers understandably have concerns about the rearing of the child however, the same uncertainty is often found in older women with their first babies.

In studies where the data were controlled for socio-economic status of the mother, research findings indicated a very small difference between the children of younger and

older mothers (Klerman 1993:555).

More recent research such as Klerman (1993:555) indicate that the children of teenage mothers are more likely to have academic and behaviour problems in late childhood and early adolescence than those born of older women. Part of the difference is that the younger mother is economically less priviledged than the older woman and live in areas with poorer schools and fewer positive role models. One of the important factors are that the younger mother still tend to score lower on cognitive tests and are less likely to introduce intellectual stimuli that the offspring needs (Klerman 1993:555). The future of the teenage mother and her off-spring seems to be bleak.

Boult and Cunningham (1992b:304) and confirmed by Mokgalabone (1999:57) found that **teenage marriages tend not to last** when it is linked to pre-marital pregnancy. This study also revealed further that as many as 40,0 percent of teenage marriages broke down within the **first five years**, and it was always linked with premarital pregnancy.

2.4.3 Cultural dimension

The view of human, body, soul, and mind has some resemblance to the view of the Nursing for the Whole Person Theory as discussed in chapter 1. Humans in the Swazi culture are considered as **complex beings** with an intricate combination of physical, spiritual and psychological attributes, as reflected by the following meanings:

The **body** (*umtimb*a) includes all the physical attributes of a living person, and is therefore associated only with the biological side of his existence.

The **spirit** (*umoya)* is a spiritual counterpart of the physical body and can reveal itself in the same appearance as the latter. The *umoya* is like the wind, and usually cannot be seen or controlled.

The *umphefumulo* represents the breath, soul and life of a person and if it leaves the person he immediately dies.

The **intellect** (*inqond*o) is in a person's brains and determines his ability to reason as well

as the strength of the persons.

Impilo is a general term denoting life in its major outward manifestations and refers mainly to the material conditions related to the production of adequate means of subsistence. The quality of life is also affected by social, political and religious factors (Malan 1985:14).

Culture may have a positive or negative effect on the occurrence of teenage motherhood. Traditional beliefs often curb the problem by ensuring a well-organised support system. Unfortunately, traditional communities are often in a traditional stage, becoming more modernised and tend to copy Western societies, and as a result of this the traditional support system becomes lost (Malan 1985:14). The Time magazine (Time 1985:6) contributes to this statement by stating that studies repeatedly show that most traditional beliefs are no longer effective as they used to be. Both cultures, traditional and westernised, coexist in most societies and new values need to be created.

Some values and morals, that may even be detrimental to the well-being of a community, may be deeply embedded in the minds of community members. In some cultures, for example, sexual matters are not discussed openly with children. Clark (1999:334) mentions that research across cultures showed that the highest teenage motherhood rates are found in countries or sections of societies with the least open attitude towards sex. The deeper a factor is embedded culturally, the more difficult it is to change or adapt it, and the longer it will take to see results. It therefore requires attention across sectors and at all levels of society (Time 1985:6).

Swazi culture, like any other culture, is an expression of the ideas underlying a person's interaction with the physical, social and spiritual milieus to which he or she adapts himself or herself. It comprises the entire world-view of a people, accounting for all the categories of phenomena of which he or she is conscious. It offers an explanation of the origin of all things, mostly in mythological form because of the lack of natural forces in the universe; it elucidates the nature and potential of human and spiritual beings, as well as the relationship that is ideally to be observed between them; and it also entails a functional view of the life on earth.

Traditional Swazi culture constitutes a coherent set of ideas about the universe, ranging

from clearly defined statements about culturally functional aspects, to extremely vague notions of the phenomena that are not considered to be directly relevant to everyday life. Contact with other religious philosophies, divergent socio-political ideologies and more sophisticated economic and educational systems, are exerting a profound effect on Swazi culture. Traditional sex ethic recognised that sexual feelings need to be expressed in ways that are socially acceptable and devised ways to control sexual expression rather than expecting teenagers to avoid situations where they are in contact (Dlamini 1994:3).

It must not be assumed that the introduction of western forms of knowledge and technologies (ie contraception) will completely replace traditional ways or beliefs. Ways of coping with new trends of sexual behaviours will likely be a **blending of the traditional and the new**, and will be culturally unique (Bledsoe & Cohen 1993:9; Social Dynamics of Adolescent fertility in Sub-Sahara Africa 1993:9).

Swazi society is changing and experiencing conflicts between traditional values and the process of development and modernisation. During adolescence, health status is affected by a set of socio-cultural factors that are increasingly complex and confusing as **traditional societies move towards modernisation.**

Among Swazi's, including law-makers, issues such as sexuality, human reproduction and unmarried teenage motherhood are usually viewed strongly as sensitive and belonging to the private domain. Family life education continues to be taboo among the more conservative Swazi's, including some members of Parliament. They claim that their children are being taught *how to sleep with boys*. The result is that many groups of people in the Swazi society now **adapt quite differently** to their social, natural and spiritual environments, by developing and observing institutions in which these new ideas are expressed (Malan 1985:8).

In the traditional Swazi culture, divorce is very rare because of the complex ritual, legal and social implications of the marriage contract and the exchange of *lobola*. Even if it does occur, permission for the woman to marry a second time is extremely difficult to obtain (Malan 1985:41)

It is therefore clear that cultural norms and values could be to the detriment of the teenage

mother's empowerment and could contribute to greater confusion in the minds of the teenager.

2.4.4. Emotional dimension

The physical changes of puberty, as dramatic as they are, seem almost minor when compared to the emotional and social changes that occur during adolescence. According to Erikson's theory (Erikson 1963) the central task of the teenager is the establishment of **identity**, with the primary risk being identity confusion. Teenagers may express their confusion by committing themselves impulsively to poorly thought out courses of action, such as having sexual intercourse without thinking about the consequences.

According to the theory of Piaget (1966) the early part of adolescence, ages 11 to 15, is the beginning of the *formal operations* period. During this period thought processes develop into mature, adult like patterns, with specific traits that allow for adult accomplishments in thinking. According to Edelman and Mandle (1994 :551), it is important to remember that not all individuals achieve this adult-like thinking capability at the same time. Piaget (1966) uses the term *formal* to represent the teenager's focus on the exact content. Teeenagers think in a way that determine possibilities, rank probabilities, solve problems and make decisions. Teenagers are capable of **fantastic flights from reality** that is more typical for the pre-operational period of development. The teenager recognises reality but it becomes only a subset of many other possibilities. The teenager is therefore seen as extremely **idealistic**, is constantly **challenging** current norms and values, **opposes** authority, and considers the way things ought to or could be. Teenagers may even totally discard **what** is and may even be totally **intolerant** to things **as they are**. This can lead to **rejection of family beliefs, religion, or social and cultural values**, which do not seem to be working fast enough to solve the problems of society. This is often the cause of misunderstanding and major divisions between the parent and teenager (Edelman & Mandle 1994:552).

Choice is based on emotions and morality and is arbitrary. During this development stage the teenage girl acquires the ability of caring for others. Teenagers acquire the ability

for self-sacrifice, seeing good as caring for the many relationships in their lives. Their moral reasoning are often not matured enough when faced with a serious relationship with a male. As the teenager's moral reasoning matures, she achieves a balance between what is good for herself and for her network of relationships. She may, however, find it difficult to formulate her feelings and beliefs properly and may under pressure from peers or other stresses re-act contrary to her belief. Although this difference between knowledge and action is present throughout life, the result of wrong decisions seem more serious for the life of the young adult (Edelman & Mandle 1998:557).

In conjunction with the physical changes and sexual characteristics of the teenager the development of sexual identity takes place. First the teenager fantasises about the pleasures of sex and then gradually **experiment** with dating, petting, and noncoital and coital contact. This may cause problems for the future of teenagers if they are not mature enough to handle these emotions correctly, lead to risk taking behaviour and teenage motherhood (Mwaikambo 1995:5).

Girls between 10 and 15 years have not yet determined life goals. They think about the future in vague ways. Once involved in a sexual relationship, they become **vulnerable to exploitation** and pregnancy which leads to motherhood. Teenage girls cannot make independent decisions on their own about their future and their present life, unlike those who are older (Edelman & Mandle 1998:557).

Girls between 15 and 19 years grasp the idea that their lives are their own, analyse their experiences so far and think about their needs and their potential. In most times, unfortunately, they do not consider the consequences and long-term effects of their actions especially in a sexual relationship which in most times leads to motherhood. Their goal is to satisfy their immediate sexual desire and in most cases they do not revisit their decision – until it is too late and they find themselves having children. The tragic truth is that the teenage mother will most likely fall pregnant again in the same teenage period (Mogotlane 1993:11).

Older teenagers might have had the opportunity to work through their sexual roles and become comfortable with who they are and what they possible roles may be and begin to establish intimacy with a partner that forms the ground work for a long term relationship.

Females, in Erikson's (1963) view, achieve identity and intimacy at the same time. A teenage girl puts identity issues aside for the time being as she prepares to identify with the man she loves.

Whatever their age, few teenagers are emotionally prepared for the responsibility of parenthood. According to Ngwezi (1996:18), *a child with a child is often found* because girls are often forced into adulthood before they are ready.

2.4.5 Spiritual dimension

The complexities of religious thought far exceed the diversity of ideas that prevail in other spheres of the rapidly changing Swazi culture. A wide range of conflicting and often completely irreconcilable views are entertained about the supernatural, resulting in profound confusion in the minds of many people as to what the real faith and world-view of a person should be (Malan 1985:62).

The introduction of Christianity has exerted a marked influence on the religious life of the Swazi. The present situation is very difficult to analyse precisely, but existing information nevertheless suggests three broad categories of religious thought.

Traditionalists who have either not been intensively exposed to Christianity or who have already rejected it. The second group comprises most of the independent black churches, in which a compromise between the traditional and Christian religious is openly allowed and in many cases even encouraged. The third group includes the people who have accepted the Christian faith and at least profess that ancestor worship and the belief in witchcraft are incompatible with Christianity (Malan 1985:62).

In therefore seems that religion *per se* might not provide the Swazi teenager with the necessary knowledge and support she might need to overcome the sexual temptations.

2.4.6 Economic dimension

The economical factors such as economic status of members of society, payments, employment, housing and other factors that may be an indication of the financial well-being

of teenage mothers, will be discussed.

In a study by (Scherman 1990:133-142) it was found that teenage mothers reported that they were living with **their parents**. Although the extended family shelters mother and child, it does not seem to compensate for the cost, in terms of child well-being, abandonment of the father and the loss of schooling (Molina, Gonzalez, Electra, Buinic & Valenzuela 1992:6).

A study on the significance of aspirations among teenage mothers, found that teenagers out-of-wedlock childbearing is associated with failure to complete schooling resulting in unemployment and poverty, particularly among underclass urban youth (Faber 1989:518-532; Mogalabone 1999:56). This is even worse where the teenage mother cannot rely on the financial and social support from other individuals. This was also found in a survey done in Botswana on unmarried mothers younger than 18 years. These teenage mothers were asked from whom they received child support. Less than half (48,0%) of these women received support from the child's father; 20,0 percent were financially assisted by the relatives of the child's fathers. More than 60,0 percent receive support from their own relatives, usually their mother. It is interesting to note that support from the child's father and from his relatives increase with the level of education of the mother. For example, among uneducated single mothers only 32,0 percent receive support from the child's father, compared to 60,0 percent among women with secondary or higher education. Better educated women also may have wealthier or more responsible partners who are more inclined to support the child (Van Driel 1994:202).

The high number of unmarried mothers suggests a larger number of dependents to support. **Poverty** is the most important **cause** and **consequence** of teenage pregnancy and motherhood and poverty and its causes will not unfortunately be cured by programmes for directed to the health and education of pregnant teenagers and young mothers (Boult & Cunningham 1992b:159; Klerman 1993:555).

Pregnant teenagers also are more likely to come from homes marked by poverty, lack of education and from **single parent homes** (Smith 1996:132). In a study conducted in Botswana, 59 unmarried mothers with children were found in the 27 households which were included in the study. Unmarried mothers who stay in the **rural** areas as part of a

female headed family have been found to be the worst off economically (have more dependents to support). They also did not only seem to be economically disadvantaged but also educational disadvantaged which diminished their chances on the labour market (Van Driel 1994:189, 202).

Rural, first, implies remoteness from population centres and, thus, from resources, services and amenities characteristic of urban life. Secondly, it entails dependence upon land, and certain cultural and social traditions of living away from urban areas. *Rural in Africa* in particular also refers in the context of teenage mothers to a countryside characterised by extraordinary conditions of poverty, unemployed parents, substance abuse, low self-esteem, child abuse and sexual activity. *Poor rural* is associated with a vicious cycle of poor communication, isolation, low or irregular income, pre-occupation with survival, ill-health and weak bargaining position in terms of economic needs, indicators of disorganisation which lead to high teenage pregnancy rates and low school achievements and pervasive feelings of hopelessness and high pregnancy rates (Mokgalabone 1999:55).

Mokgalabone (1999:55) comes to the conclusion after a study done on the effects of teenage pregnancy in the area north of Pretoria that **teenage pregnancy and motherhood spells poverty and powerlessness**. Financially they seem to struggle, they have not worked, have no financial back-up as their parents are also unemployed. The girls' parents had to bear the costs of health care and maintenance of the mother and the child which causes great hardship for these people.

Another factor that may play a role in the problem of teenage motherhood is overcrowding. Boult and Cunningham (1992b:159) has found that the dwellings of the pregnant teenagers have on average 3,5 rooms and often have a mean number of 6,8 occupants in the homes.

In addition, Klerman (1993:555) reports that payments are often made to teenage mothers in the form of welfare payments or reparation payed by the farther of the infant to lessen the financial burden to a certain extent. It does not however always have the expected positive effect on the situation. In a study done by Smith (1996:135) pregnancy rates were found to be significantly higher among teenagers with parents receiving welfare and that younger adolescent mothers are more likely to make longer use of welfare services than the older teenage mother.

In some cases, according to customary law, damage and maintenance payments are payed by the father (or the father's family) of the child to the pregnant mother's family. This compensation at least guarantees some economic compensation for the expenses of child rearing. The practise of cattle payments still exists, but have often been replaced by payments in lump sums to the mother herself. Reparation is paid by less than 50,0 percent of fathers to the teenage girls and their families which is an indication that this social organisation in Black societies is still in use to a certain extent.

It has been found that the mother of the child often has no idea of costs involved in raising a child and that funding usually comes from the girl's family. Their dependence and independence on family members can revolve around new pregnancies. The parental family then functions as a safety net. Poverty and money disputes can, however, make the position of the unmarried mothers vulnerable, especially if they cannot contribute to the household expenses.

It has been argued that women increasingly provide for themselves and their offspring. As such they have more freedom, because of the diminishing social impact of the family system. For most of them greater freedom means growing poverty, leading to greater dependence on welfare programmes and government aid (Van Driel 1994:203).

Poverty can also force the teenage girls to engage in various forms of using sex for survival, some of which are not necessarily considered formal prostitution, as many girls rely on *sugar daddies*, or older boyfriends, who provide the girls with money for school fees, clothes, and so on, in exchange for sexual favours (Mwaikambo 1995:10).

2.4.7 Educational dimension

Traditional education was aimed at preparing an individual to reach her potential as defined by society, and to prepare for everyday life (Njau 1994:3). Unfortunately, teenagers of the Swazi society are open to outside influences and receive contradictory messages, they then want to explore their sexuality, receive messages from the media, and feel guilty because they know what the society expects from them (Swaziland's National Report on Population and Development 1994:16).

Although it is theoretically possible for teenage mothers to return to school after delivery of their babies very few do so (Anastasia, Gage & Meekers 1993:14-17). This interruption of education, whether it is temporary or permanent will result in the pregnant teenager to lose at least one whole academic year as a result of the pregnancy and birth of her child. Even if she does return to school it has been noted that she cannot adapt to the situation or concentrate on her school work as her thoughts are often divided between studies and child rearing. Mogotlane (1993:11) mentions that teenage mothers noted that they do not fit in with school mates again, and their poor performance in school may lead to limited education as she might decide to drop out. This of course will cause less employment opportunities to the mother who is in most need of financial support (Mogotlane 1993:11). The older teenage mother has better education are more likely to complete their high school education and are therefore in a better position to obtain good employment (Klerman 1993:555).

Information on sexuality is important in the struggle against teenage pregnancy and teenage motherhood. Although studies have indicated that teenagers prefer parents to inform them of these matters, parents are often not able to provide education on sexual matters and shift their responsibilities to other people such as teachers and institutions .

In a study done in American schools by De Barros (1989:11), it was found that the provision of an integrated programme of sexuality education and the access to contraceptives not only lowered the rate of unintended pregnancies, but raised the age of first intercourse for teenagers.

De Barros (1989:10) also indicated that the more teenagers know about sexuality the less they are likely to experiment. With the information teenagers get from the media and their peers, they usually end up with an unbalanced view of their sexuality. Another problem is that many sources classify alcohol, drugs, and sex together as bad, which creates a distorted picture of sexuality.

There is some resistance to the sexuality education from parents, schools and religious institutions. Particularly in the traditional societies. This is usually due to a lack of knowledge about the content of programmes offered. A programme to educate teenagers on sexual matters is essential. Not only does teenage pregnancy result in unwanted

children, early unstable marriages and family stress, it also has a direct link to teenage suicide and abortions.

A successful teenage programme can only lead to improvement in the quality of life for teenagers and facilitate a meaningful contribution to their development and to the development of the country as a whole (De Barros 1989:11).

The belief that teenage mothers do **not complete their high school education** is based on two assumptions, namely that firstly the becoming pregnant **precedes** and presumably **causes** the dropping out of school. It has been found though that the falling out of school seem to precede the pregnancy. The second assumption is that child rearing **preclude completion of education** (Mogotlane1993). It was also found that girls who fell pregnant their also slow at school, which could contribute to the decision to leave school and it also makes it difficult for them to return to school (Mogotlane 1993:13)

It has been found that when the teenage mother, realises she is the sole provider and that it is impossible to earn a reasonable salary without proper education she will attempt to improve her educational level.

It has been found that the background of the teenage mother plays an important role in her decision to continue her education. Teenage mothers who grow up in households where there is reading material and a stimulating environment tend to complete their education. It is true though that the adolescent mother on average still have lower educational attainment than women who delay childbearing (Klerman 1993:555).

Van Driel (1994:203) found that eighty percent of pregnant teenagers aged 17 years and under and 90,0 percent of those aged 15 and under, never finish high school, as a result they often become unemployable and go on welfare, beginning or continuing a cycle of dependency that saps their motivation to achieve success in their work or in their personal lives. It is not only the teenager that suffers as a result of the unplanned pregnancy and motherhood by dropping out of school but it also has a severe impact on the economy of the country as a whole as the loss of productivity.

Swaziland has made a great investment in health and educational services to curb this

problem. However, this is not consistently reflected in behavioural change of the teenager, without behavioural change, any efforts at social mobilisation will not improve or contribute to social development goals (Guild 1992:9).

Teenage motherhood implies short- and long-term schooling disruption, jeopardise future employment opportunities which may lead to a lifetime of poverty, creates feelings of hopelessness, enforced dependence upon others, poses health and social problems, creates a vicious cycle of poverty and ignorance. If teenagers have goals and things to live for, they are more inclined **not** to get pregnant (Mokgalabone 1999:56).

The teenage mother is therefore faced with the following opposing demands:

- A mother should look towards the needs of a child, however the teenager is basically egocentric.
- A mother should identify with the mother role however the teenager experiments with roles.
- A mother is part of new family role reassignments whereas the teenager is in the process of separating from the family (Robertson 1989:48).

The care of the teenage mother thus requires understanding of the opposing demands of adolescence and of parenthood.

2.5 REACTION TO ADOLESCENT PREGNANCY

There is limited data available about the reactions to adolescent pregnancy according to Lui et al (1994:340). These authors mention that **fear of disclosure** was reported by 40,0 percent of the American Indians and 44,0 percent of African-American teenagers. Twenty percent of the sample of American Indian teenagers **concealed their pregnancy** until confronted by family and friends. Although they were afraid to tell their families of the pregnancy they received positive reactions from their mothers and boyfriends.

Although some teenagers may be accepted by adult family members, they report significant **emotional distress** and that their mothers were ashamed "what would people say" (Ngwezi 1996:18).

Families of respondents of a study conducted by Boult and Cunningham (1992b:162) reacted overwhelmingly **negative** to the pregnancy of the teenagers, they reacted with **shock** and dismay and in some instances even **sanctions** were applied.

Fathers of infant were not pleased and only 34,3 percent reacted positively on the information in a study done by Boult and Cunningham (1992b:162).

Some people see **marriage as a solution** to teenage pregnancy. Marriage does not however alter the needs of the adolescent. The pregnancy may adversely affect the marriage. In a study done by Mogatlane (1993:13) it was found that the majority of teenage mothers in the study were unhappy about the pregnancy – they had to face their parents, community and peers, lost their chances in life and were forced into adulthood.

2.6 MEASURES TO REDUCE TEENAGE PREGNANCY AND MOTHERHOOD

Measures have been taken to reduce teenage pregnancy and motherhood with varied success. In America, for instance, teenagers are making use of contraceptive methods and the teenage birth rates are declining and the school-linked programmes show positive results in delaying sexual initiation and encouraging contraceptive use. They involve peers, use role play, require parent participation, educate the community and so forth. The American experience has taught us that watered down versions usually do not work and changing teenage behaviour is expensive (Klerman 1993:555).

2.7 HEALTH SERVICES FOR THE TEENAGE MOTHER AND HEALTH SEEKING BEHAVIOUR OF THE TEENAGE MOTHER

Maternal and child health services mainly are directed to particular target groups such as children under five years of age, antenatal and postnatal care. Teenagers are poorly accommodated in such health systems because some of them are still at school while other fall into the categories of mothers (Mogotlane 1993:11).

In a study on the pregnant American Indians (Lui et al 1994:340) found that the American Indian teenagers were less **likely to receive adequate prenatal care** than expected from both national and Native American statistics. Only twenty-five percent of the American

Indian teenagers received first trimester care. It was found that teenage mothers from low socio-economic families have greater risk for medical problems.

Although many of the maternal health clients are teenage girls and all types of facilities report serving teenagers, there are too many teenagers **not seeking the care** that they need. In some cases, **facilities are not adequate** or equipped properly, in other cases, however existing services are not utilised by teenagers (Mwaikambo 1995:11).

A reason for poor utilisation could be **poor experiences with the health system** and is therefore preventing teenagers from getting the services they need. Most teenagers believe that health providers have **judgmental attitudes** towards them, especially when seeking reproductive health services. During the Rapid Evaluation Methodology (REM) (1994), more than 78,0 percent (78,4%) of the nurses interviewed, reported that they provide contraceptive counselling services to teenagers. Reasons given by those who do not provide these services included:

- lack of training
- discomfort in doing so
- no demand for the services
- or parents objected (Rapid Evaluation Methodology Report 1995:57).

A reason stated by teenagers of why they do not attend health facilities is that they fear to be seen by someone they know. They also mention that they **feel exposed** because they require this type of service (Guild 1992:12; Ehlers, Maja, Sellers & Gololo 2000:48).

Kirby (1994:30) states that to change behaviour, teenagers need a realistic perception of their own personal risk and vulnerability. They also need peer groups that support reducing their risk-taking behaviours, skills to manage their sexuality and access to services when they are needed.

Family planning itself is a **burden** to teenagers. Even if the contraceptives are free of charge, teenagers often have problems of **access** as clinics may be far, involves travelling time and associated costs, clinic hours are not suitable for there needs, long waiting and long cues of clients. Traditional communities have **irrational fears** about consequences

of some contraceptive methods that they could cause cancer and some reasonable fears that they may gain weight or experience bleeding (Klerman 1993:559).

2.8 SUMMARY

Many dramatic changes take place during adolescence and it may be a confusing time in the life of an individual. In coping with this confusing period, teenagers often resort to risky sexual activity, are vulnerable to other exploitative situations and as a result make wrong decisions that may influence the rest of their lives. This is not a new phenomenon but has grave consequences for particular the rural poor community of the Hho-Hho region of Swaziland.

The consequences of teenage motherhood can be summed up by the quotation by Blum and Goldhaven

> *What is being seen among young adolescents bearing children is what has been described as the syndrome of failure: "failure to fulfil the functions of adolescence, failure to remain in school, failure tot limit family size, failure to establish a vocation and become self-supporting, and failure to have children reach their potential in life"* (Boult & Cunningham 1992b:161).

In order to help the teenage mothers in the Southern Hho-Hho Region of Swaziland become *whole human beings* again, it is important to find out from the teenage mothers themselves how they experience being teenage mothers and what problems they encounter. Only then can we attempt to identify their needs and fulfil these needs through well organised health services and support systems.

It is a problem that needs to be looked at holistically because the reason for becoming pregnant at a young age and the problems experienced by teenage mothers are complex and must be understood in context as they the teenage females themselves experience it.

CHAPTER 3

Research methodology

3.1 INTRODUCTION

In the previous chapter a literature review pertaining the problems associated with teenage pregnancies and motherhood were discussed as well as the general needs in the development of the teenager. In this chapter the research methodology is discussed in detail.

Research methodology is according to Polit and Hungler (1995:431-432) "procedures for obtaining, organising and analysing data". Little is known about the problems and needs of teenage mothers in the southern Hho-Hho region of Swaziland. Therefore an in-depth study was necessary to identify the problems as experienced by the teenage mothers in the southern Hho-Hho region of Swaziland.

3.2 RESEARCH DESIGN

An qualitative, exploratory, descriptive and contextual research design was selected as mentioned in chapter 1.

The researcher was of the opinion that the most appropriate way to study the lived experiences of the teenage mothers was within a qualitative paradigm. It would allow the teenage mother to provide information without restrictions, interference or the preconceived ideas of the researcher.

- **Qualitative research**

The reason why the qualitative research method was used for this study is because qualitative research takes place in natural settings where human behaviour and events take place. Researchers who select this paradigm are particularly interested in understanding a particular social situation, event, role, group or interaction, as in this case

the problems teenage mothers experienced in becoming and being teenage mothers in the southern Hho-Hho region of Swaziland. According to Creswell (1994:161), the focus is on the participants' experiences and perceptions and the way they make sense of their lives. In this study, the qualitative approach was utilised to obtain an in-depth holistic view of the problems the teenagers experience in being mothers in the southern Hho-Hho region of Swaziland.

- **Exploratory research**

The objective of the study was to examine a relatively unknown research area to gain new insight and understanding into the phenomenon, namely the problems experienced by teenage mothers in the southern Hho-Hho region of Swaziland. Not much is known about the problems of the teenage mothers in this region as they the teenage mother themselves perceive it. The exploratory research addressed the **"what" questions in order to obtain a wider understanding** of the phenomenon and is therefore best suited for this type of research (Neuman 1997:19 ; Polit & Hunger 1993:435).

- **Descriptive research**

According to Neuman (1997:20), descriptive research focusses on the **"how" and "who" questions**. Data in qualitative research is presented in descriptive terms, mainly **in the words of the participant**, rather than in numbers as in quantitative research (Creswell 1994:16). The experiences of the teenage mothers in the sample selected were reflected as precisely as possible in the discussion given. The researcher therefore attempted in this discussion to give the full picture of the problems as experienced by teenage mothers.

- **Contextual design**

A contextual design is one where the phenomenon of interest is studied in terms of **its immediate context** (Mouton & Marais 1996:49). The study was of a contextual nature as it was conducted in a certain setting, namely the southern Hho-Hho region of Swaziland and within a certain context, namely to explore the problems experienced by the teenage mothers in the southern Hho-Hho region of Swaziland.

3.3 RESEARCH METHOD

In this section the research method will be discussed under the following headings:

- geographical area – where the research is conducted
- the research population
- the sample, sampling method used to obtain the participants for the research and sample size is discussed

3.3.1 Geographical area

Swaziland is one of the small land-locked countries in Southern Africa with a land area of 17 463,3 sq km. It partly shares borders with Mozambique on the east and with the Republic of South Africa for all the rest (Swaziland's National Report on Population 1994:6). The country is geographically divided into four parts lying almost parallel to each other in a north-south direction. The Hho-Hho (highveld) region is one of the four regions of Swaziland and covers 32,0 percent of the total country.

Mbabane is the capital city of the country and houses the main referral health care facilities for the whole country. The city is situated in the southern Hho-Hho region of Swaziland. All the public health care services in Swaziland refer their clients to the Mbabane public health care service. Mbabane also harbours all national programmes and national activities and direct referral to specialist and surgeons takes place from hospitals in the country to the Mbabane Government Hospital. These two main referral centres, at hospital level on one side and the public health care level on the other, work as one team in health care delivery. The research was done in the public health care clinic where the teenage mothers attended a well-baby clinic and post partum service.

3.3.2 Research population

The research population is according to (Polit & Hungler 1995:442), the entire set of individuals having similar characteristics.

In this research the research population was the entire number of teenage mothers of the southern Hho-Hho region of Swaziland found at postnatal clinics during 2000. As is not possible to study the entire population of teenage mothers in the southern Hho-Hho region of Swaziland a sample had to be drawn.

3.3.3 The sample and sampling method

In the following section the sample, sample criteria, sampling method and sample size is described.

- **The sample**

A sample is a subset of a population selected to participate in a research study (Polit & Hungler 1995:445). This refers to the sum of those individuals within a specific territory, or a small portion of a population, a smaller representation of a larger whole, intended to reflect and represent the character, style or content of a population from which it is drawn (Brink 1996:133). According to Polit and Hungler (1993:184), researchers using the quantitative research methodology are advised to use the largest sample possible as the larger the sample the more representative the research will be.

In qualitative research, on the other hand, participants are purposively selected because they might best answer the research question (Creswell 1994:148; Babbie, Mouton, Vorster & Prozesky 2001:287). The researcher therefore consciously selected respondents for **their attributes as outlined in the sample criteria** as the researcher believed that they would be able to provide answers to the research questions (see research questions given in chapter 1).

- **Sample criteria**

The selection criteria for inclusion in the study was that the participants had to:

- be females between the ages 10 and 19 years
- have at least one child

- be single (unmarried)
- be willing to take part in the research
- reside in the southern Hho-Hho region of Swaziland

- **The sampling method**

A sampling **method** is the **process** of selecting the sample from a population in order to obtain information regarding a phenomenon in a way that represents the population of interest (Brink 1996:133). A sampling method is thus a way devised to select the population eligible for the research study.

The sample was a **purposive sample** as mentioned before as the researcher consciously selected respondents for their attributes. The sampling method was followed according to the guidelines given by Polit and Hungler (1995:143) and Babbie et al (2001: 287). The participants were selected when the research population presented themselves for **postnatal services**: which could include 6 weeks examinations or post delivery/well baby clinics (at the one clinic) on the days on which the researcher visited the clinics to collect data. The researcher sat at the entrance of the clinic where the teenage mothers reported and received their files. The researcher then approached the teenage mothers individually as they arrived to discuss the purpose of the research with them. The teenage mothers that couldn't spend time at the clinic were not included in the sample even if they were willing to take part as the researcher did not want to cause the teenage mother any inconvenience. When the researcher had eight willing participants who fitted the selection criteria, the participants were taken to the room allocated to her by the clinic staff for the research project. The researcher explained the purpose of the research project as well as their ethical rights as outlined in this chapter to them. The participants then vented their reservations with the use of a tape recorder and that led to the abandonment of the plan to conduct a focus group (see further discussion on this matter below). These participants then wrote the naive sketches (see further discussion on this matter below). The same method was used to obtain the participants for the in-depth individual interviews (see further discussion on this matter below).

- **Sample size**

According to Burns and Grove (1993: 65), the number of respondents in qualitative research included in the sample is not so important as the research is conducted to describe and promote understanding of human experiences and emotional responses that cannot be quantified. Qualitative research has an in-depth approach to the problem under study, the process to come to the "truth" of the problem is unique and dynamic. To enable a researcher to come to the truth the researcher should continue with the data collecting process until **saturation** of data was reach. This means that a researcher should continue until he or she continuously found that the same answers to the questions asked by the researcher tend to crop up. The data collecting process could therefore be discontinued, even if only five respondents were included in the sample.

Eight teenage mothers who fitted the criteria for the sample were selected to be part of the focus group, but as this could not be conducted as explained below, the **same eight** participants were used to write naive sketches. This **number grew to ten** as the other teenage mothers who attended the clinic also indicated that they wanted to take part in the research. Although ten teenage mothers wrote the naive sketches, the researcher stopped the analysis of the naive sketches after **six naive sketches** were analysed as it was clear that saturation of data were reached as no new information was derived.

The same criteria was applied to select the participants for the in-depth individual interviews. As the researcher is a novice researcher and could not at that moment judge whether saturation had been reached she continued to interview the teenage mothers until **fourteen** had been interviewed and then the transcripts were analysed by computer. It was however only necessary to **analyse six transcripts** as it was clear that saturation had been reached and it was clear that the data collected during the additional interviews would not reveal any new information.

3.4 DATA COLLECTION METHODS

In qualitative research fieldwork is required. The researcher physically approaches the participants, the setting, or institution to observe or record behaviour in its natural setting (Creswell 1994:145) and interviews the participants in the research in a face-to-face encounter.

In this section the following data collection methods that were used to collect data will be discussed:

- Focus group – 8 participants
- Naive sketches (essay writing) – 10 participants (six analysed)
- In-depth individual interviews – 14 participants (six analysed)

- **Focus group**

Focus groups are often selected for research purposes because they have certain characteristics in common that relate to the topic under discussion. In this case the researcher decided to make use of a focus group to collect data as the participants were selected on the grounds that they are all teenage mothers and it was considered to be the best method to investigate the attitudes, perceptions and lived experiences of the teenage mothers.

The focus group as method of collecting data was selected because of the following advantages it had for the research:

- It would allow the teenage mothers to share their experiences and problems in a spontaneous manner and would therefore provide the researcher with insight into the attitudes, perceptions and opinions on the problems they experienced as becoming and being teenage mothers.
- It presents a more natural environment than that of in-depth individual interviews because the participants are influencing and are influenced by other participants as would have been the case in real life.
- The format of the focus group allows a researcher to probe, which would not be possible in a more structured questioning sequence (Krueger & Richard 1994 :35).
- A focus group has a high face validity as the technique is easily understood and the results seem to believable to those who use the information (Krueger & Richard 1994:35).
- The data could be collected at a relative low cost and provide speedy results.

The researcher **planned** to conduct the focus group at the local clinic and to include not

more than ten participants. The local clinic was selected as that was the only suitable place where the number of participants required for the focus group and who fitted the sample criteria could be found. The necessary permission was obtained from the authorities and the personnel in charge of the well-baby and postpartum clinic. The objectives and research questions were clear as stated in chapter 1. The informed consent (annexure C) was typed and copies were made for all the participants to sign. Unfortunately it was not possible to use one-way mirrors for the moderator to hide behind and no viewing room was available for her to take note of the nonverbal communication. Video-taping facilities were also not available. The researcher therefore only planned to make use of an audio-tape recorder to record what was said and the moderator would take down the field notes.

The role of the researcher in this focus group was to:

- control the group without being obstructive
- listen what was said and react on that by probing for more clarity
- respect the participants and show understanding and empathy to what was reveal.
- communicate clearly and observe and to analyse what was said using an inductive process (Krueger & Richard 1994:103).

The researcher planned to use the communication skills as indicated below during the focus group.

The researcher selected an assistant-moderator who have been involved in post graduate studies and who was familiar with the focus group as a data collecting method. The researcher briefed the moderator on her responsibilities. Her responsibilities included the following:

- taking of comprehensive notes
- operating of the tape recorder
- handling of the environment and logistics such as ventilation and eliminating other disturbances and so forth
- the assistant's main function was to take note of the body language of the participants throughout the discussion
- she also had to ask questions where she might have noticed something such as a

> negative gesture the researcher might not have noticed and which might be pertinent to the research (Krueger & Richard 1994:103)

On the day planned for the focus group the researcher and assistant moderator arrived at the clinic at 08:00. The room was prepared by placing the chair in a half circle and by opening the windows for fresh air. The tape recorder was placed on a strategic place and checked whether it was working properly. The researcher then went to the admission section where the teenage mothers reported and obtained their files. The participants were selected according to the selection criteria outlined in this chapter and their rights were explained to them as well as the objectives of the research project. Eight teenage mothers who fitted the selection criteria were selected and taken to the room prepared for the focus group. The assistant was introduced to them and more information was given on the manner in which the focus group would be conducted. Unfortunately not one of the participants were willing to take part in the focus group when they heard that a tape recorder would be used. They indicated that they are not willing to divulge any information about themselves in the presence of other teenagers. The focus group then had to be terminated.

The eight teenage mothers selected for the focus group however indicated that they wanted their stories told. There even seemed to be an urgency in their need to share their experiences with the researcher.

- **Naive sketches**

As indicated above the researcher could clearly see that the selected participants had a need to share their problems with an objective professional.

The eight respondents who were selected for the focus group themselves proposed that they write *essays* on their experiences as they were used to write essays at school and felt that their privacy will in this way not be compromised. Two more teenage mothers joined the initial group to write their essays as they heard about the research project and also wanted to take part.

The naive sketches written by the teenage mothers on their experiences of becoming and being mothers were written from their hearts. It was clear that they needed to vent their feelings and trauma in some or other way and also wanted to share the problems they were experiencing with someone. Even the respondents who were illiterate found someone outside the room who could write down what they dictated. The analysis of the naive sketches will be discussed in chapter 4.

The advantages of the naive sketches are that the teenage mothers could write whatever they wanted. In this case it was clear that the respondents only concentrated on their most important problem of which the majority could be classified as *lack of knowledge* or *economic problems*, and as the naive sketches were also generally very short the researcher decided to also to do in-depth individual interviews to investigate whether the respondents also experienced problems within the other dimensions of the Nursing for the Whole Person Theory as discussed in chapters 1 and 2. An example of a naive sketch is included as annexure D.

- **In-depth individual interviews**

An interview schedule was drawn up to be used during the interview using the research objectives/research questions as guidelines. In this way it was ensured that data was collected in a relative systematic way and that important data was not forgotten. This is consistent with the guidelines given by De Vos (1998:300).

The interview schedule contained the following broad questions that were pertinent to the research problem:

- What physical health problems have you experienced in becoming and being a teenage mother?
- What social problems have you experienced in becoming and being a teenage mother?
- What cultural problems have you experienced in becoming and being a teenage mother?
- What emotional problems have you experienced in becoming and being a teenage mother?
- What spiritual problems have you experienced in becoming and being a teenage mother?

- What economical problems have you experienced in becoming and being a teenage mother?
- What educational problems have you experienced in becoming and being a teenage mother?
- What support have you received in becoming and being a teenage mother? (see copy of the interview schedule annexure E)

The researcher then physically went to the teenage mothers where they attended the post-natal/well baby clinic in the southern Hho-Hho region of Swaziland (the same clinic as the one mentioned above) to conduct interviews with them in a face-to-face encounter. The method of selecting the participants was discussed previously. In-depth individual interviews were conducted with other teenage mothers who were not involved in the initial group selected for the focus group/writing of the naive sketches, as the previous participants could not be found with the researcher's next visit a few month later to the clinic. The reason why these in-depth interviews were conducted a few months after the naive sketches, is because of work related, logistical and other person problems of the researcher.

The advantages of the interview method in data collection for this research are the following:

- It was not necessary for the participant to be able to read or write as their responses were recorded by a tape recorder and transcribed and translated by the researcher.
- The response and retention role was high as the researcher attended to each respondent in the sample until all possible questions related to the topics were asked.
- Nonverbal behaviour and mannerisms could be observed and noted as part of the field notes as the entire interview was recorded with a tape recorder and the researcher was then free to take notes herself.
- Questions could be clarified where it was not clear enough for the respondents
- In-depth responses could be obtained by asking more questions on a particular aspect where the researcher needed more in-depth information. These aspects are consistent with the guidelines given by Babbie et al (2001:289).

Interviews were conducted to overcome possible literacy problems which the researcher experienced during the naive sketches. It therefore enabled the researcher to obtain an in-depth, dense description and understanding of the participant's world (Mouton et al 2001:289).

The researcher conducted the interview using the research questions only to guide her. The questions asked during the interview were asked spontaneously as the interview developed and to elicit more information on certain aspects, but with the research objectives in mind.

The in-depth individual interviews were conducted in a room in the clinic allocated to the researcher by the staff of the clinic which ensured privacy. The researcher selected a participant and interviewed her, before the next participant was selected and interviewed. It took more or less one hour to interview one teenage mother and the interviews were conducted over a period of one month.

The researcher introduced herself to each interviewee, explained what the objectives of the interview (research) was, what will be done with the data collected and the ethical aspects explained to the participant as indicated in this chapter. Written consent was obtained from the participants (see annexure C).

The interviews were conducted in the language spoken by the respondents, namely Swati, and their responses recorded by a tape recorder, transcribed and then translated into English by the researcher. The researcher found that the participants responded honestly and openly. An example of a transcribed interview could be found in annexure F. While the researcher conducted the interviews, field notes were taken of the non-verbal communication cues of the participants and the general feeling or atmosphere that prevailed (see annexure G).

The participants were encouraged to share their experiences with the researcher. The researcher made use of the following communication techniques to facilitate the process:

- *Clarifying:* The researcher said for instance:" Let's see whether I understood you correctly ...".

- *Probing*: The researcher said for instance: "Can you tell me more about it?"
- *Silence*: The researcher used silence in the interview to motivate the participant to elaborate on what the participant was saying.
- *Minimal verbal response*: The researcher used minimum verbal responses such as "... Hmm-hmm ..." to encourage the participant to continue the explanation.
- *Nonverbal encouragement*: The researcher nodded her head for instance to encourage the participant to continue her explanation.
- *Summarising*: The researcher said for instance:"We have established so far that ...".

The interviews were rounded off by reaffirming that the questions have been exhausted. The participants were thanked for their time and contribution to the research project (Mouton et al 2001:289)

3.5 PERMISSION FOR THE STUDY

Permission for the study was obtained from the Ministry of Health of the Swaziland Government to conduct the research at the Mbabane Government Hospital. The personnel at the Hho-Hho regional health office and Mbabane public health staff gave the necessary assistance needed for the execution of the study (see annexure B).

3.6 THEORETICAL FRAMEWORK

The primary goal of nursing care is to help individuals develop strategies to achieve harmony within themselves and others, nature and the world. Integrative functioning of the individual physical, emotional, social, intellectual and spiritual dimensions provide the basis for reaching wholism (Rawlins, Williams & Beck 1993:17). Each person is considered as a whole with many factors contributing to health and illness.

The Nursing for the Whole Person Theory as constructed by Oral Roberts University, Anna Vaugh School of Nursing (1990:16) provided the basis for this research. An individual should always be seen in totality. The Nursing for the Whole Person Theory is central to the philosophy as well as to the conceptual framework for the study of the problems as experienced by teenage mothers.

The *whole person* as referred to in The Nursing for the Whole Person Theory incorporates the concept of body, mind and spirit (Poggenpoel 1994:52) and for that reason the data were collected keeping all the dimensions of the whole person in mind. The body mind and spirit forms the individual (whole person) who is a member of a family, with the family being a component of a community which is part of a certain culture. To be whole, the person should be viewed as an unique individual (with a mind, spirit and body – not only one of the three) who interacts with a family, peers and the community as a whole. When conditions such as teenage motherhood occurs, which can be regarded as a "social illness", the family and the community becomes affected. When "healing" has occurred, the individual becomes an integrated whole again (body, mind and spirit) and has healthy relationships with her family, peers and community – the external environment. (Oral Roberts University, Anna Vaughn School of Nursing 1990:136,142).

Even in the traditional African cultures, such in Swaziland, a person is seen as a spiritual being and the traditional healing process concentrates on the facilitating process towards wholeness (Malan 1985:14).

3.7 ANALYSIS OF THE DATA

In the following section the naive sketches, in-depth individual interviews and the reasoning strategies used in the analysis of the data including the analysis, synthesis, bracketing and intuiting are described in detail.

3.7.1 Naive sketches

The researcher made use of analytic induction in the analysis of the data obtained from the naive sketches and in-depth individual interviews.

The analysis of the naive sketches involved the following:

- The processing of the data (statements containing the features of a phenomena) into **themes and categories** with the aid of a coding procedure.
- More categories and subcategories where identified under each of the main themes.
- A code was allocated to each category and subcategory of the text. It meant

rewriting the notes and creating files for each category. Codes were used to mark the text, by jotting them down in the left-hand margin to the relevant sentence. The coding process made it possible to retrieve all text pertinent to a single topic or unit. An unit should, according to De Vos (1998: 339), have two characteristics: it should be aimed at some understanding the researcher needs to have and it must be the smallest piece of information about something that can stand by itself (see chapter 4 for the analysed naive sketches).

Unfortunately data obtained in both the naive sketches and in-depth individual interviews could often fit into any of the main themes. For instance, economic problems impacted on educational aspect in that the respondents felt that they could not go to school because they could not afford it, or that economic factors impacted on social aspects such as respondents with lower income felt that to fall pregnant from a older man with an occupation might put them in a better financial position. The researcher attempted to bring together all information obtained form the respondents which apparently related to the same content and to devise rules that described the properties of the particular category that could be used to justify the inclusion in that unit.

3.7.2 In-depth individual interviews

The process used in the analysis of the in-depth individual interviews in this research was therefore the following:

- Early in the project the dimensions of the Nursing for the Whole Person Theory were used as a framework for the research as indicated above.
- An interview schedule with only these main themes (the dimensions of the Nursing for the Whole Person Theory) were used when the interviews were conducted (see annexure E for the interview schedule).
- The main themes were identified namely, biographical information, physical problems, social problems, emotional problems and so forth as outlined as the objectives for the research.
- The individual interviews were held as indicated above by recording word for word with a tape-recorder.
- The interviews were transcribed from the language spoken by the participants as the

researcher is fluent in Swati.

- The transcripts were then translated into English, checked and corrected.
- The transcripts were given to a second individual who had knowledge of the languages involved to ensure that the translation of the participants' responses were translated correctly.
- The transcripts of the in-depth interviews were prepared for the analysis by the QRS NUD*Ist computer program.
- The text was divided to form individual concepts and converted into an ASCHI-DOS file.
- A single code was allocated to each theme, such as physical problem or emotional problem.
- These themes were defined to make it clear which attributes should be classified in a certain theme (the definitions in chapter 1 were used).
- Sub-themes were identified and defined using the QRS NUD*Ist computer program.
- These steps were repeated several times until the smallest piece of information (sentence or paragraph) could be identified which could stand alone (De Vos 1998:48).
- This process was repeated with each interview schedule and when nothing new was learned the researcher decided that saturation was reached and comprehending was completed.
- The analysis and interpretation meant the putting of the responses obtained of all the respondents together under each of these categories. This was easily done by making use of the abovementioned computer program.
- This process was continued until all the data were dealt with.
- Figures were drawn to visualise the categories.
- The findings of all the interviews were compared and discussed.
- The tactics used in the drawing of the conclusion and verification in the comparison of the data include:

  — looking for patterns and themes
  — clustering of the data
  — looking for negative cases
  — checking the results with the respondents (De Vos 1998:340)

3.7.3 Reasoning strategies used in the analysis of the data

The following reasoning strategies were used to describe the chain of event logically:

- **Analysis**

This reasoning strategies takes the complex whole and divides it into parts and by coding and defining the parts for identification as indicated above (it will be discussed in more detail in chapter 4).

- **Synthesis**

Synthesis was used to identify relationships between concepts and categories.

- **Bracketing**

Although a literature review was done initially, it was done to understand the teenager better and to understand the development stage of the teenager. During the interviews and analysis of the data the researcher placed all preconceived ideas in brackets and attempted to see all the facets of the phenomenon afresh.

- **Intuiting**

After bracketing has taken place the researcher could focus on the subject of interest. Intuiting required absolute concentration and complete absorption with the data obtained (De Vos 1998:337). The QRS NUD*Ist programme was of great assistance as it helped the researcher to work in an organised way.

3.8 ASSESSMENT OF QUALITATIVE RESEARCH

De Vos (1998:348) states that qualitative research cannot be evaluated with methods more suited to quantitative research methods. Qualitative researchers make use of alternative models appropriate to qualitative designs which also ensures rigour as in quantitative designs without the sacrificing the relevance of the qualitative research.

The criterion used to evaluate the trustworthiness of the research findings in this research are:

- **Credibility**

The truth value of the research was the discovery of the lived experience as perceived by the teenage mothers in the Hho-Hho region of Swaziland. The researcher attempted to represent the views of the various respondents as credible and adequate as possible. The researcher then tested the focus of the findings against some of the respondents from whom the data was obtained in the first place and from persons who are familiar with the problems of teenage mothers in the Hho-Hho region of Swaziland. The truth value was established as these individuals agreed that they recognised the description of the problems experienced by the teenage mothers as outlined by the researcher (Babbie et al 2001:287). As the analysis of the data was done by computer using the QRS NUD*Ist computer program, the decision trail can be investigated and evaluated any time by the reader for quality assurance purposes as it is available on the hard disc of a computer in the Department of Advanced Nursing Sciences at the University of South Africa.

- **Transferability**

The findings of this research will not necessarily be applicable to other communities and settings and the findings can therefore not be generalised to the broader teenage mother community of Swaziland. The same results may however be found when a similar study was done in the same setting. The researcher also attempted to present sufficient descriptive data to allow comparison (De Vos 1998:350; Babbie et al 2001:276)

- **Consistency**

The researcher is of the opinion that the same findings would be found if the study was to be replicated with the same respondents and in a similar context. The researcher questioned fourteen teenage mothers and when the interviews were analysed the same findings were generated after six interviews. The remaining interviews were then not analysed.

- **Neutrality**

The fourth criterion of trustworthiness applied in this research is neutrality. Objectivity in this research cannot be ensured as in quantitative research. The researcher however took the following steps to ensure neutrality and increased the worth of the research findings.

- A relaxed atmosphere was created in which the participant felt free to share their perceptions, problems and experiences with the researcher.
- Enough time was spent with each participant when the in-depth interviews were conducted. The participants were not rushed to answer and were allowed to give their honest opinion.
- In-depth interviews as well as naive sketches were used to obtain data.
- The evaluation of the findings by the participants and experts in the field was done (The findings were shown to nursing personnel who have been involved in this field of nursing and they indicated that they agree with the findings).
- Although a literature review was conducted, it was only done to help the researcher to ask appropriate questions and to understand the development stage of the adolescent.
- The truth value and applicability of the findings was an indication that neutrality was achieved (De Vos 1998:350).

3.9 ETHICAL CONSIDERATIONS

Care was taken to ensure that the human rights of all participants in this research were maintained. For this reason permission was obtained from the chief nursing officer in the MOH to conduct the study (compare annexure A for letter of permission and for the letter of approval in annexure B).

Other individuals consulted, included the matrons and registered nurses in the clinic where the study was conducted. This was done in order to get access and cooperation whilst conducting the study and to evaluate the findings of the research.

Permission was also obtained from the teenage mothers to interview them after the following was explained to them:

- purpose of the research
- objectives of the research
- method of the procedure which will be followed
- duration of the study
- type of participation expected of the subject
- how the results will be used and published
- identification and qualifications of the researcher
- how confidentiality, anonymity and privacy will be safeguarded
- the reason for undertaking the research – for the researcher's own development and also to create support services to the teenage mothers in this region
- that their participation was voluntary and that they could withdraw at any stage of the study if they felt threatened
- that no harm will be done to themselves or their infants
- that their participation would be anonymous
- that the information collected will be kept confidential

Confidentiality could be maintained because names were not written on the interview schedules or anywhere in the reports. The interview transcripts were numbered to facilitate the analysis.

In addition to the ethical consideration stated above, the research also ensured the protection of human rights. Human rights are claims and demands that have been justified in the eyes of an individual or by the consensus of a group of individuals (Burns & Grove 1993:340). Respecting the rights of others are necessary for the self-respect, dignity and health of an individual. The human rights that were protected in this research are:

- **Rights to self-determination**

The right to self-determination is based on the principle of respect for persons, which states that humans are capable of self-determination or controlling their own destiny (Burns & Grove 1993:340). In this research participants were treated as autonomous agents who have the freedom to conduct their lives as they choose without external control from the researcher.

These participants were informed about the proposed study and were allowed to voluntarily choose to participate or not to participate. The participants were free to terminate their participation in the study at any time without penalty. No treatment nor nursing care was withheld from those who elected not to participate. All participants were aware that they were research subjects of this study, and none were coerced to participate. No deception took place in this research, as participants were fully informed, with explanation done in their own language (Swati) about the purpose of the study.

- **Right to privacy**

A major ethical issue in most researches in the invasion of privacy (Neuman 1997:264). Privacy is the freedom an individual has to determine the time, extent and general circumstances under which private information will be shared with or withheld from others (Burns & Grove 1993:342).

From the South African Nursing Association's (1991:2) view, privacy means that a person can behave and think without interference, or the possibility of private behaviour or thoughts being used to embarrass or demean that person at a later stage. In this study a quite homelike private room was used for interviews, where the researcher was with the teenage mothers without interference from any source whatsoever.

The participants were informed about the purpose of the study and consented to participate and voluntarily shared the information with the researcher. Respondents had the right to decide whether they wanted to reveal personal information (Neuman 1997:264).

- **The right to confidentiality and anonymity**

Based on the right to privacy, the research subject has the right to anonymity and the right to assume the data collected with be kept confidential (Burns & Grove 1993:343). Anonymity exists if the subject's identity cannot be linked, even by the researcher, with his or her individual responses.

According to the South African Nursing Association (1991:2), confidentiality and anonymity means that any information that a subject divulges will neither be made public or available

to others. When the subject agrees to take part in a research project, this right is waived since information has to be made public in research report, however, the researcher has ensured the anonymity of the subjects.

The interview schedule was designed in such a way that this study achieve subject anonymity. However, numbers were allocated to the transcripts to enable the researcher to analyse the data.

There were no mention of correct names of participants in the data analysis or discussion of results as this reflected mainly expressed group information. Individual responses was given only as an example of the responses received (Babbie et al 2001: 523).

- **Right to fair treatment**

The right to fair treatment is based on the ethical principle of justice. This principles states that each person should be treated fairly and that the person should receive what he or she is due or owed (Burns & Grove 1993:344).

In this research the selection of participants and their treatment during the course of the study was fair as:

- subjects were selected for reasons directly related to the problem being studied, namely to understand the problems experienced by the teenage mothers

- **Rights to protection from discomfort and harm**

The right to protection from discomfort is based on the ethical principle of beneficence. The research project should benefit the participating individual and society in general. It indicates that members of the society should take an active role in preventing discomfort and harm and promoting good in the world around them (Burns & Grove 1993:345).

In this research there were no anticipated negative effects for the subjects, as the study was nonexperimental. However, a potential risk that the subject's right to privacy might not be protected was taken care of, as discussed above.

- **The right to informed consent**

A fundamental ethical principle of social research is: *never coerce anyone into participating; participation must be voluntary* (Neuman 1997:450). Consent also means participating in the research study out of own free will, without any undue pressure or intimidation of any kind, after receiving all pertinent information relating to the research project and has shown comprehension of this information.

The teenage mothers were more than eager to take part in the research. They were not necessarily interested in the long term effect it might have for the health services or future teenage mothers, but needed someone to talk to and unburden themselves.

- **Waived consent**

The requirement for written consent was waived in this study as it presented no risk of harm to subjects and the subject's completion of the interview serve as a consent (Burn & Grove 1993:353).

In addition, subjects received verbal explanation that would provide the essential information for informed consent.

- **Protection of human subjects**

The purpose and aim of the research was clearly explained to the target population of teenage mothers of ages 10 to 19 years and their permission sought to conduct the study and collect their responses. It was also clearly stated by the researcher that they have a right to refuse not to participate if they so wish. To maintain confidentiality participants were interviewed in privacy, no names or initials were used of participants, no coding of questionnaires which may lead to identify the interviewee, and no address or residential place was asked or indicated in the questionnaire. Anonymity was maintained throughout. Any reference made to particular place or people, was changed for protection (Babbie et al 2001: 523).

3.10 SUMMARY

In this chapter the reason for choosing the qualitative paradigm to study the lived experiences of the teenage mothers in the southern Hho-Hho region of Swaziland was explained.

The criteria which was applied to determine the research population and sample was outlined. The method of obtaining a sample and the number of participants who took part in the research was discussed.

The data collection was done through the writing of naive sketches by the teenage mothers and by conducting in-depth individual interviews with the teenage mothers by the researcher.

Steps that were taken to ensure the trustworthiness of the findings were discussed as well as the steps that were taken to protect the rights of the respondents. Mention was also made of the cooperation of the participants and even and eagerness of the teenage mothers "to have their stories told" was noted.

In the fourth chapter the analysis of the naive sketches and in-depth interviews is discussed. A literature control of the findings is also done in the next chapter.

CHAPTER 4

Research findings

4.1 INTRODUCTION

In the previous chapter a description of the research design and the methodology which followed to collect data on the problems of the teenage mothers in the southern Hho-Hho region of Swaziland was discussed.

This chapter will cover the research finding obtained from the teenage mothers in the southern Hho-Hho region of Swaziland on their problems as mothers.

The findings are described in a narrative format. Ethical principles were maintained during the data collecting process and all participants were aware that they could withdraw at any time, as discussed in chapter 3. None of the participants withdrew. Two more participants joined in the initial group of teenage mothers who wrote the narratives of their experiences as teenage mothers. The last two participants who volunteered indicated that the research seemed interesting and that they also wanted "their stories told".

Although the naive sketches elicited important data, the most data was collected by conducting in-depth individual interviews.

To highlight similarities or possible differences of the experiences between the teenage mothers in this study with those experienced by other participants in similar studies a literature control was done.

4.2 OBJECTIVES

The objectives of this research were the following:

- To explore and describe the physical, psychological, social, cultural, spiritual economic and educational problems as experienced by the teenage mother in the

southern Hho-Hho region of Swaziland.

- To explore and describe the support systems mde use of by the teenage mother in the southern Hho-Hho region of Swaziland.
- To make recommendations to improve the health services which could deal with the problems experienced by teenage mothers in the southern Hho-Hho region of Swaziland.
- To make recommendations for further research in this field.

4.3 RESEARCH FINDINGS

In the following section the research findings pertaining to the naive sketches and in-depth phenomenological interviews are discussed in detail.

4.3.1 Naive sketches

Eight teenage mothers were included in the focus group, as discussed in chapter 3. As the focus group could not be conducted because of the reservations the teenagers had about the use of a tape recorder and the sharing of their personal information in the presence of their peers. The participants themselves offered to write narrative sketches ("essays" in their terminology) on their experiences as teenage mothers.

Two other participants offered to write an "essay" about their experiences as teenage mothers.

The participants of the naive sketches displayed the following characteristics:

- All participants were black females who experienced being teenage mothers.
- All the participants displayed enthusiasm to take part in the research.
- All the participants resided in the southern Hho-Hho region of Swaziland.
- The age of the respondents ranged between 13 and 19 years of age.
- All the participants wrote their narratives in their own language.
- All of the participants except one attended school when they fell pregnant.
- All the participants were single.
- All the participants had only one child.

One participant who never attended school dictated her "story" to another patient who attended the clinic.

All the naive sketches were analysed although saturation of findings was found (as evidenced by the repetition of themes) after six naive sketches had been analysed.

The essays were analysed according to the method described by Tesch (in Creswell 1994:154). The researcher obtained the services of an experienced independent coder who has a doctorate to assist with the analysis of the narratives. Following a consensus discussion between the researcher and the independent coder, seven main themes emerged from the participants' accounts of their experiences as teenage mothers as reflected in their essays.

The seven themes were:

- biographical information
- ignorance
- economic problems
- educational problems
- social problems
- emotional problems
- support systems

In Figure 4.1 a visual presentation of the codes identified in the naive sketches is given.

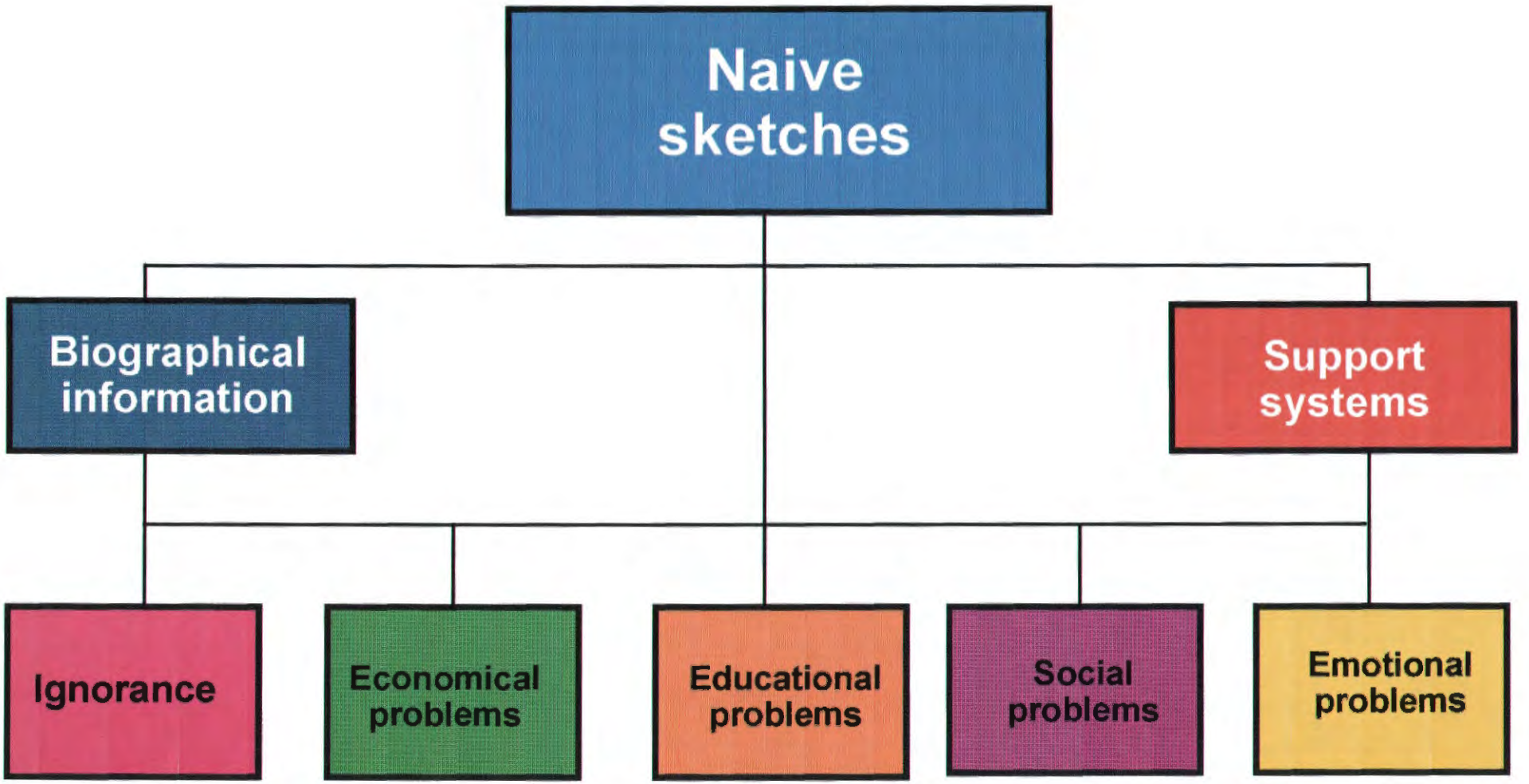

Figure 4.1
Visual presentation of categories of naive sketches

Table 4.1: Identified themes and their definitions obtained from the naive sketches relating to the problems experienced by teenage mothers in the southern Hho-Hho region of Swaziland

Main theme	Definition
1 Biographical information	The personal information about the teenage mother and significant others.
2 Ignorance	Deficiencies in the organised body of information the teenage mothers in the Hho-Hho region of Swaziland have on various matters which is affecting their lives.
3 Economic problems	Difficulties the teenage mother in the southern Hho-Hho region of Swaziland may have develop in becoming and being a teenage mother in the dealing with the financial aspects of the teenage mother's life and the financial support she will need to overcome the difficulties.
4 Educational problems.	Difficulties the teenage mother of the southern Hho-Hho region of Swaziland may have developed through becoming and being a teenage mother such as training and instructional problems which is designed to equip her with knowledge and skills and the development of mental powers which can shape her character and future.
5 Social problems	Difficulties the teenage mother in the southern Hho-Hho region of Swaziland may experience in becoming and being a teenage mother in the dealing with the mutual relationships of the teenage mothers and significant others living in an organized community such as relationships with the community, parents, offspring and social structures such as the school, church and health services.
6 Emotional problems	Difficulties the teenage mother in the southern Hho-Hho region of Swaziland may have experienced in becoming and being a teenage mother in the dealing with intense mental feelings.
7 Support systems	Support systems are a set of connecting parts which work together to supply the teenage mother with necessaries such as from other individuals or institutions or which she made use of when becoming and being a teenage mother.

The researcher will discuss each theme and its sub-themes in the sequence reflected in the above table. Exact translated quotations from the participants from the analysed naive sketches will be given for additional clarification.

Data from the naive sketches provided important preliminary information concerning the

problems experienced by teenage mothers which were further explored in the in-depth individual interviews.

Only a short summary has been provided after the analysis of the various themes and sub themes identified during the analysis of the naive sketches. Reference was simultaneously made to the findings of the naive sketches and to existing literature in the discussion of the findings of the in-depth individual interviews.

- **THEME 1: BIOGRAPHICAL INFORMATION**

This category contains data pertaining to the personal information of the teenage mother and significant others. This is consistent with the view of Hawkins (1988:77), who states that during the exchange of personal information participants share important information about themselves and their partners with the researcher.

- **The teenage mothers**

This category contains three sub-themes which relate to the age of the mother, the number of children and the highest level of education of the mother.

- **Sub-theme: The age of the teenage mothers**

The youngest teenage mother was 13 years old and the oldest was 19. The mean age of the group that wrote the naive sketches was 17 years.

- **Sub-theme: The number of children the teenage mothers had**

All of the teenage mothers had only one child.

- **Sub-theme: The highest level the teenage mother completed at school**

Eight of the 10 teenage mothers who wrote the naive sketches were still at school when they fell pregnant. One of the participants never went to school. The older teenage mothers (16-19 years) left school after ten years of schooling, and the younger ones

(younger than 16 years) after six years of schooling.

■ The father of the off-spring

This section contains the information about the father of the child. Verbatim information is given as transcribed by the researcher.

□ Sub-theme: Information about the father of the teenage mother's off-spring

All of the partners of the teenage mothers were much older than themselves.

I don't know his age, but he is older than me and he is working.

They were all employed, either in a full time or part time post.

My boyfriend works on a part-time basis.

One had a professional job, but all the other were blue collar workers.

He is a driver.

The majority of the partners did not finish school.

He did not finish school, he left in Form III.

They were known to the parents of the teenage mother.

My boyfriend was known at home.

It is clear from the above information that the father of the teenage mother's baby were older than themselves but did not finish school. Most of the boyfriends had a job of some sorts, on a part-time or full-time job basis. Only one teenage mother indicated that her

parents did not know that she had a boyfriend and did not know her boyfriend. Even the parents of the teenage mother who was raped knew the father of her child.

- **THEME 2: IGNORANCE**

This category contains data pertaining the *deficiencies in the organised body of information the teenage mothers in the Hho-Hho region of Swaziland should have on various matters affecting their lives* (Hawkins 1988: 401). The three sub-themes identified were the following:

☐ **Sub-theme: Ignorance on sexual matters**

The following quotations taken from the translated naive sketches indicates clearly that the participants were unaware of the fact that they could become pregnant by having a sexual relationship:

> *I got a child not knowing that if you sleep with a boy you get pregnant.*
>
> *I did not think I will get pregnant.*

They also did not receive sex education from anyone, not even their mothers, and felt that it would have made a difference if they were empowered with knowledge as they could then at least have made informed choices.

> *Mother did never say anything. I discovered everything for the first time after it has happened.*
>
> *I wish children should be told about sex education, so they know and get pregnant with knowledge what is going to happen if they have sex.*

☐ **Sub-theme: Ignorance on the use of contraceptive methods**

The majority of the teenage mothers indicated that they have heard about contraceptive methods, choose not to utilise it, or were afraid to use it because they heard that it could

be detrimental to their health. Three participants indicated that they did not have the courage to ask for contraceptives at the clinic and therefor did not use it.

> *I knew about contraceptives but I was afraid to go to the clinic and ask for contraceptives.*
>
> *I knew about contraceptive but was afraid to use it.*
>
> *I will now use contraceptives*

They did not indicate in their naive sketches where they obtained their knowledge from, but one could assume that it was from their friends as they indicated that they did not have the courage to go to the clinic, their mothers did not give them sex education and one participant indicated that it was not taught at school.

> *I do not know about family planning. Family planning is never taught at school.*

One participant indicated that her mother thought she was too young to use contraceptives, but indicated that she had a boyfriend and was sexually active.

> *I knew about contraception, but mother said I was too young. But I had a boyfriend, so I got pregnant after having sex twice.*

- **Sub-theme: Ignorance on the signs of pregnancy**

The following are quotations taken from the translated naive sketches of three of the participants indicate that the teenage mothers did not have the knowledge to recognise the first signs of pregnancy.

> *The physical changes in my body were a surprise.*
>
> *My mother notices first and told my father that I was pregnant.*
>
> *I did not know about the changes which took place in my body.*

According to the information obtained from the participants it is therefore clear that none of the teenage mothers obtained information about sexual matters from significant others which could have prevent them from becoming pregnant.

As this was the participant's first pregnancies and none of the teenage mothers obtained information about sexual matters from their significant others, they could not recognise the fact that they were pregnant.

- **THEME 3: ECONOMIC PROBLEMS**

This category contains data pertaining *the difficulties the teenage mother in the southern Hho-Hho region of Swaziland may have experienced in becoming and being a teenage mother in the dealing with the financial aspects of the teenage mother's life and the financial support she will need to overcome the difficulties* (Hawkins 1988: 255). Three sub-themes were identified and the responses were as follows:

☐ **Sub-theme: Motherhood aggravated the financial problems of the teenage mothers**

The majority of the teenage mothers knew hardship and poverty even before the birth of their babies. The fact that they have become teenage mothers aggravated their financial situation.

> *Now I am facing hardship. I don't have money and I even struggle just to get money to go to a clinic.*

The teenage mothers also indicated that they now have to stay home to care for their babies, which does not help the financial situation of the family.

> *With the present situation of financial disability, I stay at home.*

☐ **Sub-theme: The father contributes to the caring of the child**

Only one teenage mother indicated that the father of her child contributed to the caring of

her child .

The father of the child will provide for his child with financial support, he has agreed.

- **Sub-theme: The final financial responsibility of the caring of the teenage mother and her offspring lies with the maternal mother**

Where the father of the baby did not contribute financially, the whole family seem to suffer the financial burden.

My mother will give financial assistance.

My mother will continue with financial support now since my boyfriend is no longer working.

One of the teenage mothers was planning to find a job to help the family financially.

I am thinking of looking for a job in a saloon and train there to take care of people's hair.

It is clear from the above data that the becoming and being a teenage mother changed the financial situation of the participants as well as the financial situation of their significant others. Most of the participants were poor to start off with and teenage motherhood aggravated the situation. Only one of the men who fathered the off-spring contributed to the caring and upbringing of the child. All the mothers of the teenage mothers carry the extra financial burden as they cannot always rely on the financial contributions from other support systems, including the fathers of the babies.

- **THEME 4: EDUCATIONAL PROBLEMS**

This category contains data pertaining to *the difficulties the teenage mother of the southern Hho-Hho region of Swaziland may have developed through becoming and being a teenage mother such as training and instructional problems which is designed to equip her with knowledge and skills and the development of mental powers which can shape her*

character and future (Hawkins 1988: 256). Two sub-themes could be identified in the responses, they were the following:

- **Sub-theme: The schooling of the teenage mother was interrupted as a result of the pregnancy/motherhood**

All of the teenage mothers except one was still at school when they fell pregnant and subsequently had to leave school.

> *I was schooling.*
>
> *I was in standard four.*

- **Sub-theme: The teenage mothers want to return to school**

Most of the participants indicated that they would like to return to school, as soon as they could. Their parents and relatives are supporting them in this venture.

> *I want to go back to school, mother has agreed. She will pay school fees.*
>
> *A relative will look after the child since I want to go to school.*

Even the one participant who has never attended school wish that she could go to school.

> *My wish is that if I can be able to school and learn how to write my name because it is painful to my heart very much.*

It is clear from the above data obtained from the participants that the teenage mothers' schooling was interrupted by the event of falling pregnant. The majority of the participants want to return to school particularly those who have the support of their family. Those who plan to look for a job rather than go back to school seem to experience severe financial problems.

- **THEME 5: SOCIAL PROBLEMS**

This code refers to *the difficulty dealing with the mutual relationships of the teenage mothers and significant others living in an organized community as a result of becoming or being teenage mothers* (Hawkins 1988: 775). Only one Sub-theme emerged during the analysis of this category, namely:

- **Sub-theme: The relationships soured, even if it were only temporarily**

As a result of the pregnancy and teenage motherhood the teenagers' relationship with their significant others were affected negatively. Their parents were angry, but had to except the reality.

> *Mother and father were angry, but they finally kept quiet.*

Their relationship with their neighbours also changed.

> *Neighbours did not talk openly, they gossiped.*

The boyfriends of the teenage mother did not acknowledge that they could have fathered the infant.

> *My boyfriend is hesitating that it is his child, he said I will have to prove it first that the child is indeed his.*

Their friends started to avoid them and old friendships broke up.

> *My old friends disappeared and despised me.*

The majority of the teenage mothers still believed that their relationship with their boy friend would continue.

> *I hope that he will recover from the shock and accept child.*

The above information is an indication of the fact that the teenage mothers became pregnant and had a child affected their relationships with their significant others. Often the

relationships with the parents were only affected in the short run, but later stabilised as parents accepted the responsibility to deal with the situation, however other relationships, as in the case of the friends and boyfriend, were permanently affected.

- **THEME 6: EMOTIONAL PROBLEMS**

This code refers to *the difficulties the teenage mother in the southern Hho-Hho region of Swaziland may have experienced in becoming and being a teenage mother in the dealing with the intense mental feelings* (Hawkins 1988: 262). Two sub-themes could be identified in this category, namely:

☐ **Sub-theme: It was a bad experience they do not want repeated**

The fact that the participants fell pregnant and had children for whom they were obliged to care affected them emotionally. It was only after the birth of the baby that the teenage mother realised the implications of caring for a child had on her young life.

> *That is why in my life I don't wish to face that problem again of being pregnant.*

One teenage mother was raped which severely and detrimentally effected her emotionally.

> *[I] was sexually abused ... raped ...*

☐ **Sub-theme: Teenage mothers experienced loneliness, despair, fear and humiliation**

The negative reaction of the family, friends and boyfriends of the teenage mothers contributed to their shame, loneliness and despair as illustrated by the responses of five of the teenage mothers.

> *My old friends disappeared and despised me ... [I] always stayed in the house ...*

> *The father of my child is now doubting that child is his ...*

My father ignored me ...

My father was going to tell the police [when he learned that I was pregnant].

[I] was sexually abused and then fell pregnant ... and [he] told me not to tell anybody.

The fact that they fell pregnant only augmented the strain and loneliness already felt by the teenage mothers as illustrated by the responses by two of these teenage mothers:

My father never accepted that I was his child from the time my mother was pregnant.

[My stepmother] did no bother much [when she heard that I was pregnant].

It is clear from the above data obtained from the participants that the teenage mothers were very unhappy with their circumstances and did not want a repetition of this problem ever again. One teenage mother was raped and abused. She was afraid to share this fact with others and guarded it as a secret. The teenage mothers also experienced loneliness, despair and humiliation as most of their significant others were either indifferent about their situation, ignored them, disowned them and the child or were very upset to such an extent that they wanted to report it to the police.

- **THEME 7: SUPPORT SYSTEMS**

Support systems are a set of connecting parts which work together to supply the teenage mother with necessaries such as from other individuals or institutions or which she made use of when becoming and being a teenage mother (Hawkins 1988: 822). Three sub-themes emerged from the analysis of this category, namely:

- **Sub-theme: Teenage mothers relied on support mostly from their own mothers**

The teenagers' own mother was the only person the teenage mother could rely on for

emotional, practical and financial support as illustrated by the responses of the following participants:

> *My mother helped me emotionally. My mother also gave me financial assistance.*
>
> *My mother told me what to expect [after I fell pregnant]. She gave me emotional support.*
>
> *My mother will look after my child when I go back to school.*

☐ **Sub-theme: Other relatives supported the teenage mother**

Other relatives also provided support to the teenage mother where the mother was unable or refused to support her. The support she received from her relatives were emotional and practical support as well as support in the form of information about pregnancy and caring for the baby.

> *My sister gave me moral support. She explained to me what was happening [as soon as she realised that I was pregnant]*
>
> *My relatives [grandmother and aunt] will look after my child when I am at school.*
>
> *When I got pregnant it was not my mother who [supported me] it was my grandmother.*

☐ **Sub-theme: Friends supported the teenage mother**

Some teenage mothers did get some support from their friends although they did not always give them the advice they wanted as illustrated by the following responses of two teenage mothers:

> *My friend gave me moral support.*
>
> *My friends told [me] ways of having an abortion. I did not do it.*

The teenage mother could not cope alone with the caring of the child and needed support. The support mostly came from the mothers of the teenagers, particularly in providing financial support, caring for the pregnant teenager and the caring and upbringing of her baby, and encouraging the teenage mother to return to school. They also gave the teenage mother the necessary information about pregnancy and the caring of the baby. This support was given by the teenager's mother because they were forced to do it.

The sisters, grandmothers and aunts of the teenage mother also provided practical support to the mother, such as information when it was clear that she was expecting a baby and the caring of her off-spring. The teenage mothers needed support and if the mother of the teenager was not able or willing other relative had to step in and help her.

The friends of the teenage mothers generally did not seem to give support or useful practical help. Most of the friends of the teenage mothers ignored her when she became pregnant, but some supported her and assured her of her friendship. One teenage mother obtained the advice from her friends on how to initiate an abortion and when she did not follow their advice they rejected her.

4.3.2 In-depth individual interviews

In this section the findings obtained form the in-depth individual interviews is discussed. Reference is also made to the findings of the naive sketches and findings of similar or different research found in the literature.

In this study 14 teenage mothers were interviewed over a period of one month as discussed in chapter 3. The researcher made use of an interview schedule with the research questions outlined as basis for the interviews. More questions were asked related to these research questions as to obtain more in-depth information as indicated in chapter 3. A tape recorder was used to record the interviews and the researcher made field notes as explained in chapter 3. The interviews were transcribed and translated into English by the researcher.

The participants who were interviewed displayed the following characteristics:

- All participants were black females who experienced being a teenage mother.
- All the participants resided in the southern Hho-Hho region of Swaziland.
- The age of the respondents ranged between 13 and 19 years of age.
- All the participants were interviewed in their own language, namely Swati.
- All of the participants except two participants attended school when they fell pregnant.

Once data were found to be saturated as evidenced by the repetition of themes (after ten transcripts of the interviews have been analysed), the remaining transcripts were not analysed. The transcripts were analysed by computer using the QRS NUD*Ist computer program as explained in chapter 3. The researcher could remove the coding added to the transcript electronically and the supervisor was asked to analyse some of the transcripts to establish whether the two individuals would come up with the same categories and subcategories (coding). As the NUD*Ist computer program uses the terms *codes* and *subcodes* for the terms *categories* and *subcategories* or for the terms *themes* and *sub-themes* used previously in the discussion of the findings of the naive sketches the researcher also referred to it in this manner. Following a consensus discussion between the researcher and the supervisor coder, some main codes (categories) and subcodes (sub-categories) emerged from the participants' accounts of their experiences as teenage mothers as reflected in the transcripts of the interviews. The following main codes emerged with the first analysis and were similar to the research questions and those identified during the analysis of the naive sketches without forcing it into these codes as these codes were the same as the research questions included in the interview schedule. The definitions for these codes are the same as those used for the naive sketches and also identical the operational definitions provided in chapter 1.

In Figure 4.2 a visual presentation of the codes and subcodes used in the in-depth individual interviews are given.

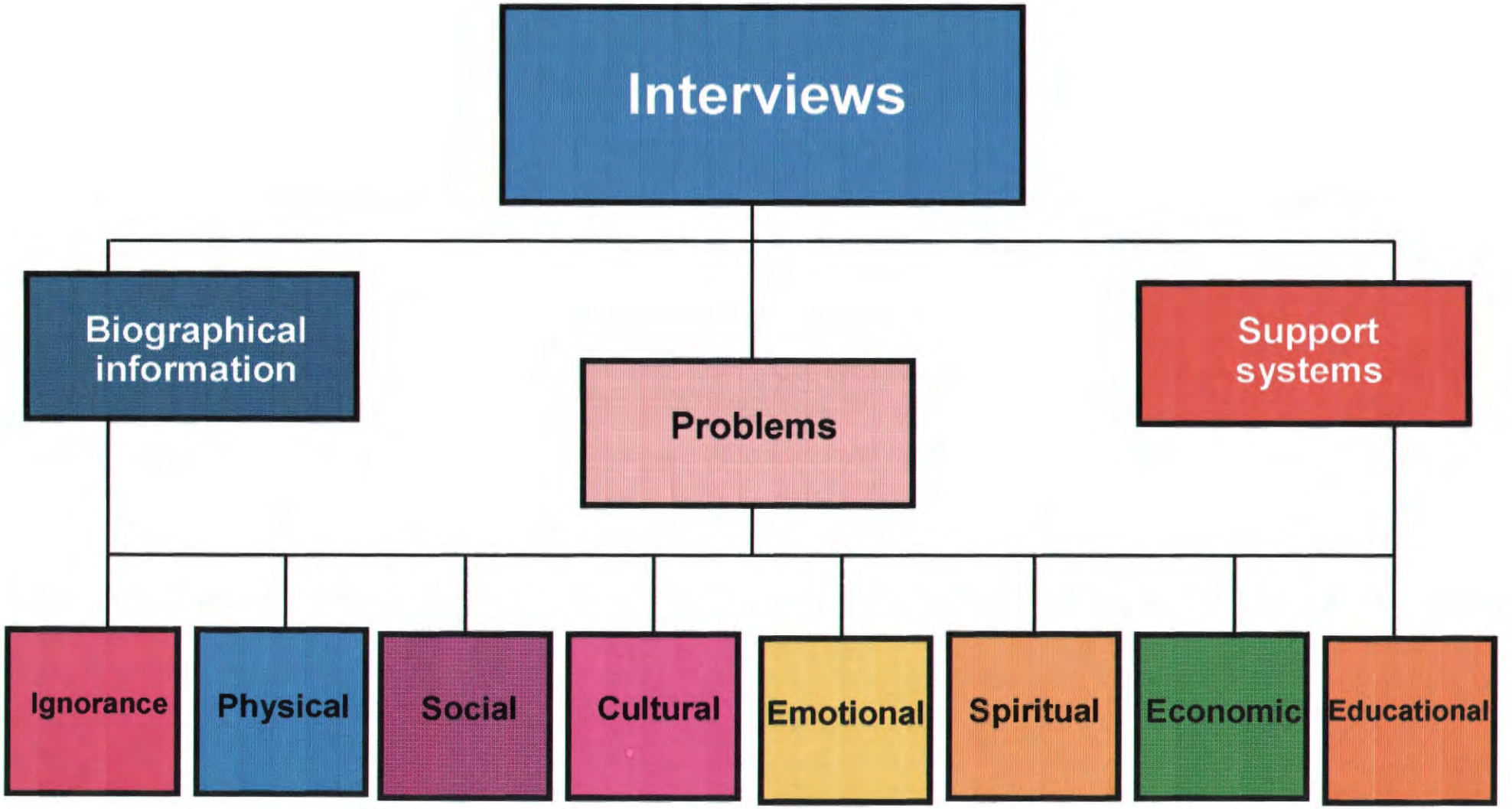

Figure 4.2
Visual presentation of the codes and subcodes of the in-depth individual interviews

The main codes identified were:

- biographical information
- ignorance
- physical problems
- social problems
- cultural problems
- spiritual problems
- emotional problems
- economic problems
- educational problems
- support systems

4.4 DISCUSSION OF THE MAIN CODES AND SUBCODES

The research findings are discussed per code and subcode.

4.4.1 Biographical information

This code contains data pertaining to *the personal particulars of the teenage mothers and their significant others* (Hawkins 1988:77).

Four main groups were identified from the data collected within this code, namely:

- ✦ the teenage mothers
- ✦ the baby/child of the teenage mother
- ✦ the father of the teenage mother's off-spring
- ✦ structure of the family

In Figure 4.3 a visual presentation of the biographical information is given.

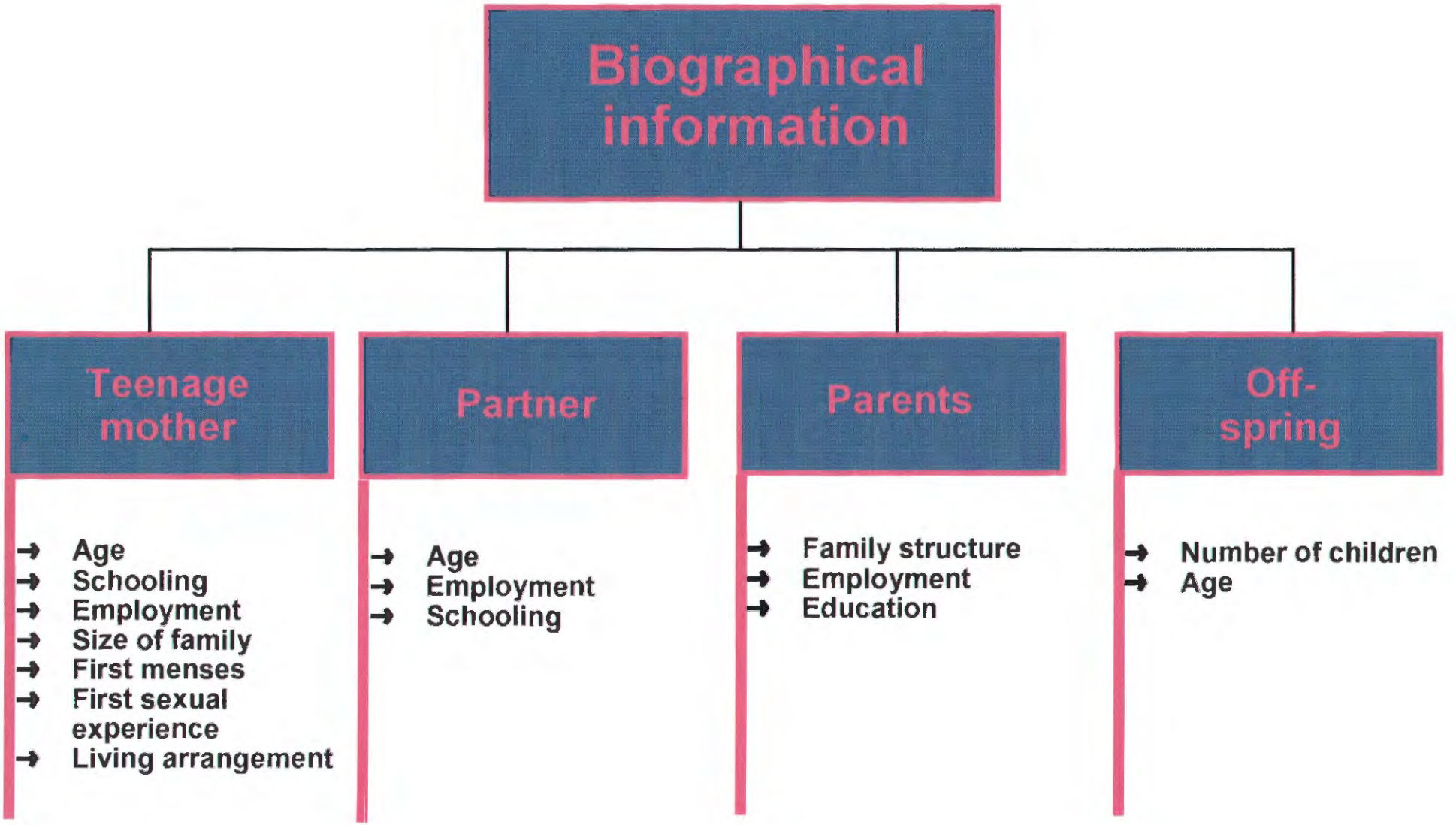

Figure 4.3
Visual presentation of the codes and subcodes of the biographical information obtained from the in-depth individual interviews

4.4.1.1 The biographical information of the teenage mother

This subcode contains information pertaining to *the personal information about the teenager who is not an adult but is a parent* (Hawkins 1988: 840, 532).

The following subcodes were identified:

- **Age**

The participants interviewed were between the ages of 13 and 19 years of age. This is also similar to the participants of the naive sketches who were also between the ages 13 and 19 years. The mean age was therefore also 17 years. This is consistent with the research done by Lesser and Escoto (1999:291) who found that teenage mothers engage in impulsive high-risk activities such as *inter alia* early initiation of sexual activity and multiple sexual partners long before their pregnancies. Bai and Wong (1999) indicated that teenage mothers younger than 18 years of age were much more disadvantaged than older women.

- **Schooling**

The majority of the teenage mothers were still at school when they fell pregnant and therefore did not complete their schooling. They were either still in primary school, first years in high school or never attended school. This finding is also in line with the findings of the naive sketches.

- **Employment**

The majority of the teenage mothers were not employed at the time of the interviews and verbalised their wish to return to school or find employment. Some of the teenage mothers were employed as domestic workers or have been given greater responsibilities in and around their home of residence or on the fields where they worked.

- **Size of families**

The majority of the participants have other siblings, except one participant who was an only child.

- **First menses**

Most of the teenage mothers had their first periods when they were 11 years old.

- **First sexual experience**

The teenage mothers interviewed have had their first sexual experience when they were between 11 and 14 years of age. The teenage mothers in this research were generally younger when they had their first sexual experience than the group of teenagers of the research done by Williams and Mavundla (1999:59). These researchers found that the majority of the teenage girls who took part in their research had sexual intercourse for the first time at the ages of 11-17. Lesser and Escoto-Lloyd (1999 :291) found that the partners of the teenage mothers were often also involved in risky sexual activities, indicating that they thought that first sexual experiences could not lead to pregnancy.

- **Number of sexual partners**

Most of the teenage mothers indicated that they had more than one sexual partner even at a very young age, such as at the age of eleven, and fell pregnant generally two years later.

- **Living arrangements**

The teenage mothers in this research all indicated that they lived with their parents or other family members such as a grandmother.

4.4.1.2 The biographical information of the baby

This subcode contains information pertaining *the personal information about the infant or young child of the teenage mother who needs to be cared for* (Hawkins 1988:563).

The following subcodes were identified:

- **Number of children**

All except one teenage mother interviewed and who wrote the naive sketches in this study only had one living child. One teenage mother previously had an abortion. This finding is contrary to the findings of Brown, Lourie, Flanagan and High (1998:565) who found that in the United States, more than one million women under the age of 20 become pregnant annually, and approximately half give birth.

- **Age of the infant**

The infants were between six months and three years old.

4.4.1.3 The biographical information of the father of the child

This subcode contains information pertaining *the personal information about the individual who fathered the child of the teenage mother* (Hawkins 1988:290).

The following subcodes were identified:

- **Age**

The fathers of the children were generally much older than the teenage mother although the teenage mothers were uncertain of their age. This finding is consistent with the data obtained from the naive sketches, although different from the findings of the research done by Mogatlane (1993:12) who found that the partners of the teenage mothers were all still at school and were of the same age as the mothers.

- **Employment**

Some of the fathers were unemployed. Most of the fathers were employed in blue collar occupations such as truck drivers or miners. This finding is consistent with those of the naive sketches where the participants indicated that the fathers of their children were either

unemployed or had a part time job as a blue collar worker. The partners of the teenage mothers in the study done by Mogatlane (1993:12) were unemployed.

4.4.1.4 The biographical information of the parents of the teenage mother

This subcode contains information pertaining *the personal information about the mother, father, step parents of the teenage mother* (Hawkins 1988:586).

The following subcodes were identified:

- **Family structure**

Most of the teenage mothers in this study still had a father and mother, although some indicated that they did not see their fathers often. One of the teenage mothers was the child of a single mother and another teenager had a step mother. One of the fathers had more than one wife and therefore more than one family to care for. The majority of the teenage mothers in this study therefore come from nuclear families with both a father and a mother, although at least 4,0% of the participants indicated that their fathers were often absent, even if it was only temporary. This is similar to the findings of the research conducted by Turner, Sorenson and Turner (2000:774). These researchers found that more than 10,0% of teenage mothers indicated that they had no father or father substitute when growing up. Turner et al (2000:774) also found that teenage mothers were more than twice as likely to have parents who are divorced. None of the teenage mothers of this research indicated that their parents were divorced.

- **Employment**

The majority of the fathers of the teenage mothers were blue colour workers such as labourers working on the roads or were farmers, as stated by two of the teenage mothers

> *He ploughs, takes care of his families and homes.*

> *My father works on the roads*

The mothers of the participants were mostly housewives or merchants.

> *My mother is a vendor.*

- **Education**

The majority of the family members of the teenage mothers (60% and more) have completed only primary school education. Few members of their families have completed secondary school education.

> *[My family] all have primary [school education], except one who has secondary [school education].*

4.4.2 Ignorance

This code represents what the researcher defined as *the lack of basic knowledge a teenage mother should have had which would have helped her to make informed and correct choice for herself and her future* (Hawkins 1988:401).

The subcodes which were identified from the data collected, were:

- ignorance on sexual matters
- their rights as teenagers and teenage mothers
- caring of the off-spring (See figure 4.4).

4.4.2.1 Ignorance on sexual matters

This subcode contains information pertaining to the *ignorance the teenage mothers demonstrated during the interviews on aspects related to the reproductive functions of the male and female* (Hawkins 1988:116).

- **Menstruation**

It was clear from the analysed transcripts that the teenage mothers did not receive any

information from their parents before they started to menstruate. For most of them it came as a surprise. The mothers of the participants did not use this opportunity (when the participants reported to them that they were menstruating) to give them the correct information on the changes that were taking place in their bodies and to give them sex education to prevent teenage pregnancies.

> *I had no idea what was happening with me [with my first menses] nobody told me [anything about menstruation]. I did not know what it was. I was shocked. My mother only said that I've grown up.*

- **Sexual intercourse**

The participants indicated that they did not receive any information from their parents on sex and received their knowledge from their friends and boyfriends.

> *Nobody ever explained to me about sex. I did not know anything about sex. He, my boyfriend, said he will take control of everything and will teach me as he explores during sexual intercourse.*

> *I obtained my knowledge from my friends. My parents did not discuss it. [If] I would ask them, they won't answer.*

The participants of the naive sketches also indicated that they were ignorant that they could become pregnant by having a sexual relationship and that their parents did not give them any sex education from their parents. The participants indicated in their naive sketches that they felt that by obtaining the correct information from their parents it would have prevented their pregnancies. In a study done by Williams and Mavundla (1999:59) the fourty-two teenage mothers involved in the study indicated that they were uncertain whether they would have become pregnant if they have had knowledge of sexual matters, although 21,4% of the respondents were positive that they would not have become pregnant.

The teenage mothers in the southern Hho-Hho region of Swaziland also indicated that the only information they received was from their peers and the discussion of the findings will indicate that this information was clearly skewed and inadequate. (This aspect will be

discussed under another heading.) This is also in line with research done by Nxumal (1997) who found that 85,0% of the sample did not receive sexuality education from their parents, that the main source of sexuality education was their peer group and that the subjects' prior exposure to sexuality education was inadequate.

The teenage mothers of the southern Hho-Hho region of Swaziland indicated that television played a role in romanticising sex.

> *I looked at love scenes on television and friends talk [about sex]. That is how I obtained my knowledge of sexual matters. ... having sex and screaming with joy on television. We watched movies, our parents never watched TV. We liked to watch every sexy scene. I thought sex is good and when I had seen people enjoying it, I said I did ... [also want sex] and we started carefully, he said he's experienced and will give me all the goodies in it. Television and my boyfriend deceived me.*

- **Pregnancy**

The participants did not realise that if they were experimenting with sex or were involved in an active sexual relationships that they could become pregnant very easy.

> *I think I was 13 years when I first became sexually active. It was not serious, but experimenting. It was fun and exciting. I had three sexual partners . I did not think that I could become pregnant and not so easy in any case.*

Only one of the participants indicated that she knew that she was pregnant early in her pregnancy as she had the experience of a previous pregnancy. All the other participants of the interviews and naive sketches indicated that they did not know at first that they were pregnant. Although they have noticed changes in their bodies they did not understand the meaning of it. In most cases other individuals had to bring it to their attention.

> *... I was not aware that I was pregnant. I thought it was amenorrhoea of the injection.*

I did not know anything about pregnancy. I felt funny, I was growing bigger. My stomach was funny and big, also my breasts. I did not know what was happening with me.

I realised that I was pregnant when my grandmother said so, she's experienced. The nurse at the clinic confirmed it [the pregnancy].

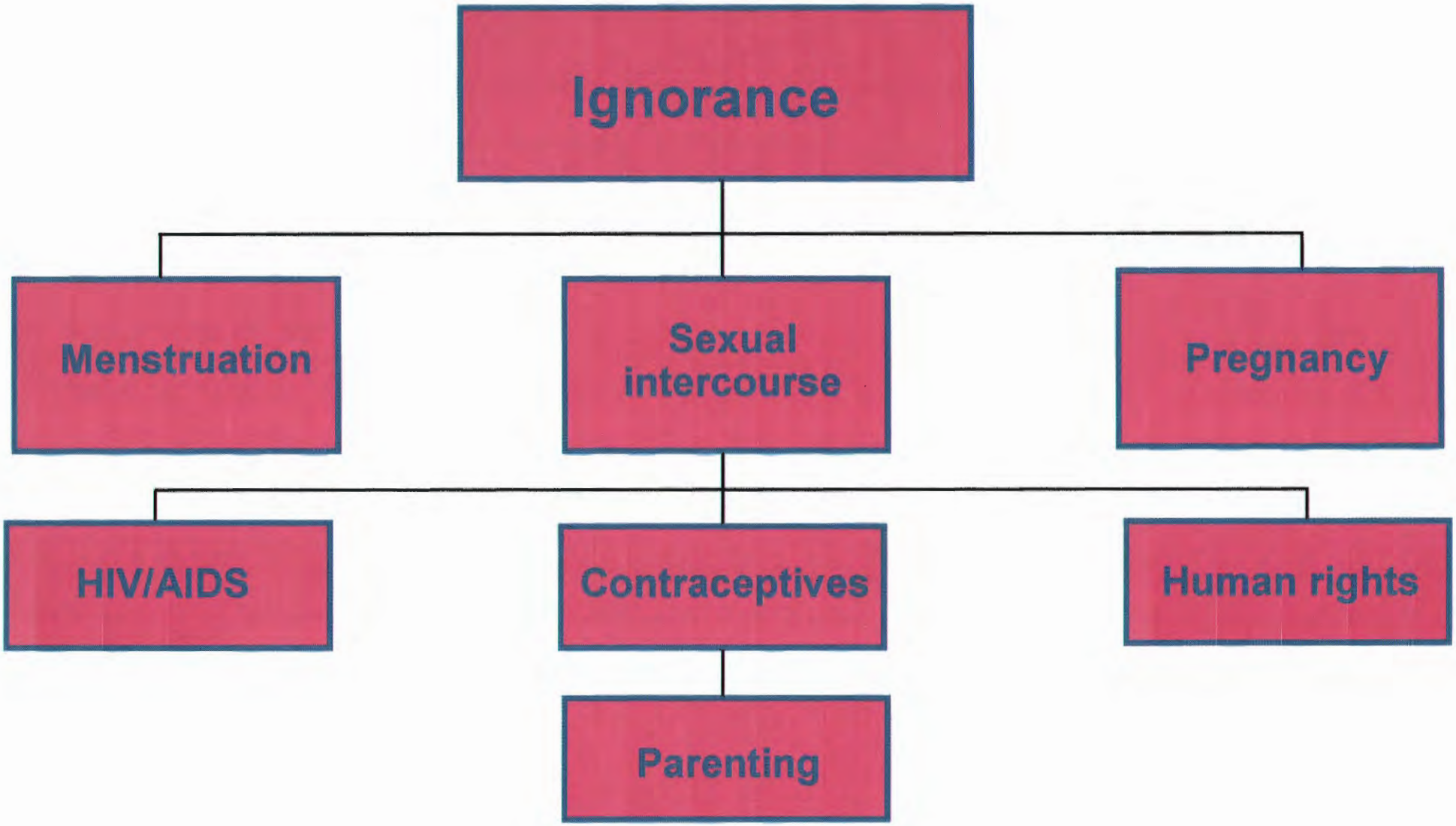

Figure 4.4
Visual presentation of the code and subcodes related to ignorance obtained from the in-depth individual interviews

The teenage mother in this study were ignorant on sexual matters and did not obtain their knowledge on sexual matters from their parents although they were of the opinion that it would have prevented them of becoming pregnant. They also indicated that they obtained their "knowledge" on sexual matters from their peers and television.

As two of the participants put it:

> *Ignorance is the cause [of my pregnancy].*

This finding is different from the findings of a study done in a general hospital of the Umtata district which indicated that the majority (59,5%) of the teenage mothers (N=42) who took part in the research project received sex education and only 31,0% indicated that they did not receive sex education. The majority indicated that their parents were the main source of the information on sexual matters followed by teachers and the church (Williams & Mavundla 1999:59).

- **Ignorance on the prevention of HIV/AIDS and other sexual transmitted diseases**

It was clear that the participants did not give the possibility of contracting HIV/AIDS or any other sexual transmitted disease a second thought. They were young and wanted to "enjoy" life. They liked being popular and in demand. They also did not seem to have knowledge of HIV/Aids and it was clearly not one of their problems, or their partners refused to take the necessary precautions.

> *... I liked being in demand, I like competition with working women. I was already aware of what to taste [when I was 13 years old].*
>
> *I had a lot of competition with other girls in [the life of] my boyfriend, I wanted to win him, he's a Casanova, a womaniser.*
>
> *... he said even with his wife he doesn't use plastics. [He said] who do I think I am to make him use condoms.*

I have a steady partner [and therefore is not at risk of contracting HIV/AIDS.

In contrast all the respondents (N=58) in the study done by (Brown et al 1998:567) expressed an anxiety and fear concerning the contracting of HIV. But despite their anxiety about HIV almost half only "sometimes", "almost never" and "never" used a condom. They seemed more worried of becoming pregnant than contracting HIV.

The findings of the research done by Brown et al (1998:566) is in line with this study as the teenage mothers in the southern Hho-Hho region of Swaziland also indicated that they never wanted to become pregnant again or at least not before they are much older but did not make much reference to the fact that they might contract HIV/AIDS.

In the study done by Brown et al (1998:566) it was found that young mothers reported only basic knowledge about HIV, they expressed misconceptions about HIV and people with AIDS and their HIV-related attitudes were only weakly related to their behaviour. Although the depth of the knowledge on HIV/AIDS of the teenage mothers of the southern Hho-Hho region of Swaziland was not established during the in-depth individual interviews, it could be deducted that their knowledge were also only basic as they demonstrated and verbalised their ignorance on basic sexual matters and indicated that no one ever discussed sexual matters in the community.

- **Contraceptive use**

The majority of the teenage mothers who wrote the naive sketches and who were interviewed never made use of any contraceptive methods. It is because they did not realise that they could in fact become pregnant.

> *No, I never thought about contraceptive methods. I never knew that I would become pregnant.*

This finding is in line with the research done by Williams and Mavundla (999:60) where the teenage mothers indicated that they did not use any contraceptive method prior to their pregnancies and the study done by Templeman et al (2000:774) in Kentucky America which found that the overall condom use of teenage mothers was poor, with only 43,0%

of patients using condoms N=122).

In the naive sketches the participants indicated that they were afraid to use contraceptives as they felt it was not good for one's health.

Another reason for not using contraceptives were that their mothers did not suggest that they use any contraceptive method either because they did not know that they were sexually active or just didn't discuss the matter with them.

> *My parents did not give me advice [about contraceptives].*
> *They never suspected I had a boyfriend.*

None of the participants wanted to go to the clinic for contraceptive methods. They indicated that they were afraid of the negative reaction of the nurses at the clinic if they would ask for contraceptives. This was also found as a reason for not using contraceptives in the research done by Ehlers, Maja, Sellers and Gololo (2000:48).

The one participant interviewed who made use of the contraceptive methods obtained it from a friend but forgot to take the Pill regularly.

> *I think, I forgot the Pill, but well, it was not given [to me] at the clinic, a friend gave them to me.*

One teenage mother briefly mentioned using the injection in the naive sketches, but this could of course not probed more. Another teenage mother interviewed indicated that she tried a method suggested to her by her friends.

> *I was told to drink a lot of water immediately after sex and then I will not fall pregnant. The water should be plenty to dilute and wash away the sperms after drinking. I used to do it, it never aroused any problems, because it was after the act.*

Even after the birth of the baby they did not make use of contraceptive methods responsibly, as indicated by two of the participants.

I am not using any contraceptive now either.

He [my uncle] supervises the contraceptives and makes sure that I attend my appointments [at the clinic] by all means and checks the method I use so that he [my uncle] can continue to enjoy sex without fear of me falling pregnant again as he is related to my mother.

From the findings it is clear that the teenage mothers have heard about contraceptives but

- did not have the level of knowledge necessary to make informed decisions and therefore did not make use of it responsibly and then fell pregnant
- did not think that it was not important in their situation
- were afraid to use it because they thought it might affect them
- because they felt embarrassed to ask the health services for contraceptives and feared the clinic nurses' attitude toward sexually active teenagers
- their mothers would not approve
- their boyfriends refused

This is in line with the research done by Ehlers et al (2000:48), but also added other reasons to this list, namely:

- they did not need the contraceptives
- they feared future reproductive problems
- that believed that it was the cause of vaginal discharge

These teenage mothers are at risk of becoming pregnant again as they have not taken responsibility for their own health and future by using a contraceptive method to prevent pregnancy. Almost half of the sample in research done by Brown et al (1998:571) became pregnant again within on average of less than one year of their first delivery, despite their concern about future pregnancies.

It is clear that the teenage mothers of the southern Hho-Hho region did not make use of contraceptives prior to their pregnancies, although they knew that it could be obtained from the nearest clinic. This is in line with the findings of the research done in Kentucky America where it was found that 86,0% of the teenage mother who took part in that

research did not use any contraceptive prior to their pregnancy. The reasons for this phenomenon was found not to be the result of poor access to services as 98,0% of the participants reported that they knew how to obtain contraceptives. It seem that the most important reason for not using contraceptives is that they experienced side effects such as irregular menstrual cycles and perceived weight gain, and nausea and the inability to take the pill regularly. Another reason for not using contraceptive include the lack of steady committed sexual relationships, dissatisfaction with the medical visit or method dispensed, poor self esteem, or educational aspirations (Templeman et al 2000:774)

It was clear from the analysis of the data obtained during the naive sketches and in-depth individual interviews of the teenage mothers of the southern Hho-Hho region of Swaziland that they had knowledge of hormonal contraceptives and that they would have used it if they could obtain it from a source which would not judge their conduct, but that the use of condoms were a different story. They indicated that they did not have the consent of their partner to use condoms. (This issue will be discussed under cultural problems.) Hormonal methods were perceived in a study done by Brown et al (1998:570) as something healthy, part of medical compliance, whereas condoms were negatively equated with sex – that their use required individuals to plan sex explicitly ahead of time. Mothers stated that such premeditation contradicted their religious beliefs. In contrast, hormonal methods were perceived as temporary and physically distant from the sex act, so that there was no emotional conflict with their use (Brown et al 1998:570).

4.4.2.2 Their rights as teenagers and teenage mothers

This subcode contains information pertaining *their human rights such as to say no if they are not willing to take part in an activity* (Hawkins 1988:119).

It was clear from the analysed transcripts that the teenage mothers were ignorant about their human rights such as the right to say "no" for sexual intercourse as indicated by the following quotation of one of the teenage mothers.

> *He has given me a job at his home. I must be grateful and satisfy him. He even demand sex from me when I'm on menses. He doesn't mind at all, he*

wants sex. The man subjects me to all types of kinky sex you can ever think of during the sessions..day and night ... he will come from work and ask me to relax while he does his job. He has three children ... the wife never found out what happened when she was away. When she is present the man is abusive [towards me], ... she never dare come home unexpectedly. She fears him. He is my boss. I did not report the matter. Nobody cares. I finally left when he told me to and when I was about to deliver.

The teenage mothers often indicated their powerlessness in their relationships with their partners. (This issue will be revisited under cultural problems.)

4.4.2.3 Parenting skills

This subcode contains information pertaining *the baby or child of the teenager has a need to physical, emotional, cognitive and social care to develop into a well balanced individual* (Hawkins 1988:120).

Many authors have indicated that teenage mothers do not have the necessary parenting skills and are therefore not capable of giving their off-spring the care they need. The teenage mothers in this study only indicated that they were aware of the physical needs of their off-spring such as feeding of the infants as demonstrated by the verbal accounts of five of the participants.

I did not know much about the care of a child. I had to learn to feed and clothe my baby.

I do not educate my child.

I do not know what her health needs are completely ...

I do not play with her. She plays with soil.

I speak to her by asking her to repeat what I have said.

Although the participants all indicated that they loved their children they were unaware of any other needs other than the physical needs of their off-spring. They also indicated that

they disciplined their off-spring by beating them, as they were disciplined as children.

> *I beat him when he is naughty. Punish him through beatings. It was the way we grew up.*

The care of their off-spring was done mostly by their mothers and grandmothers and they only helped out during week-ends or when they had the time.

> *I am not at all involved in the caring of my child. I work even on week-ends, only once a month I'm given two days to go and see my child at home. I only have a submissive role with the caring of my child.*
>
> *... my mother is better in educating [my child].*
>
> *I don't know what she can do already, we are always busy on the fields.*

The teenage mothers in this study indicated that they did not know what the needs of their off-spring were and were happy to leave the caring and educating of their children for their mothers as they were of the opinion that their mothers were better prepared to do it.

This is consistent with the findings of a study done by Lesser and Escoto-Lloyd (1999:292) where it was found that teenage mothers displayed higher levels of parenting stress, are less responsive and sensitive in interactions with their infants and provide lower quality stimulation in the home environment than adult mothers.

In research done by Brown et al (1998:565) it was concluded that teenage motherhood is associated with problems with parenting and additional risk behaviours for the young mothers. This is in a way similar to the findings of this research although the fact that the parenting role has been take over by the mothers and grandmothers of the teenage mothers of the Hho-Hho region of Swaziland makes it less risky for the infant's future.

4.4.3 Physical problems

This code contains data pertaining *the difficulties the teenage mother may have through becoming and being a teenage mother related to her body and physical health status*

(Poggenpoel 1990:9).

Three main periods were identified from the data collected, namely:

- physical problems during the pregnancy
- physical problems during the birthing process
- physical problems during the post partum period

See figure 4.5 for the visual presentation of the code and subcodes related to physical problems.

4.4.3.1 The physical problems experienced by the teenage mother during pregnancy

This subcode contains information pertaining *the physical health of the teenage mother during her nine month pregnancy* (Hawkins 1988:635).

All the teenage mothers without exception indicated during the interviews that they did not experience any physical health problems during their pregnancies. They only had minor discomforts such as morning sickness, dizzy spells, urinary infection and vaginal discharge.

I was healthy, sometimes nauseated and dizzy [during my pregnancy].

4.4.3.2 The physical problems experienced by the teenage mother during the birth of the baby

This subcode refers *to the process in which the foetus is expelled from the body of the mother* (Hawkins 1988:78).

In Figure 4.5 a visual presentation of the code and subcodes related to physical problems obtained from the in-depth individual interviews is given.

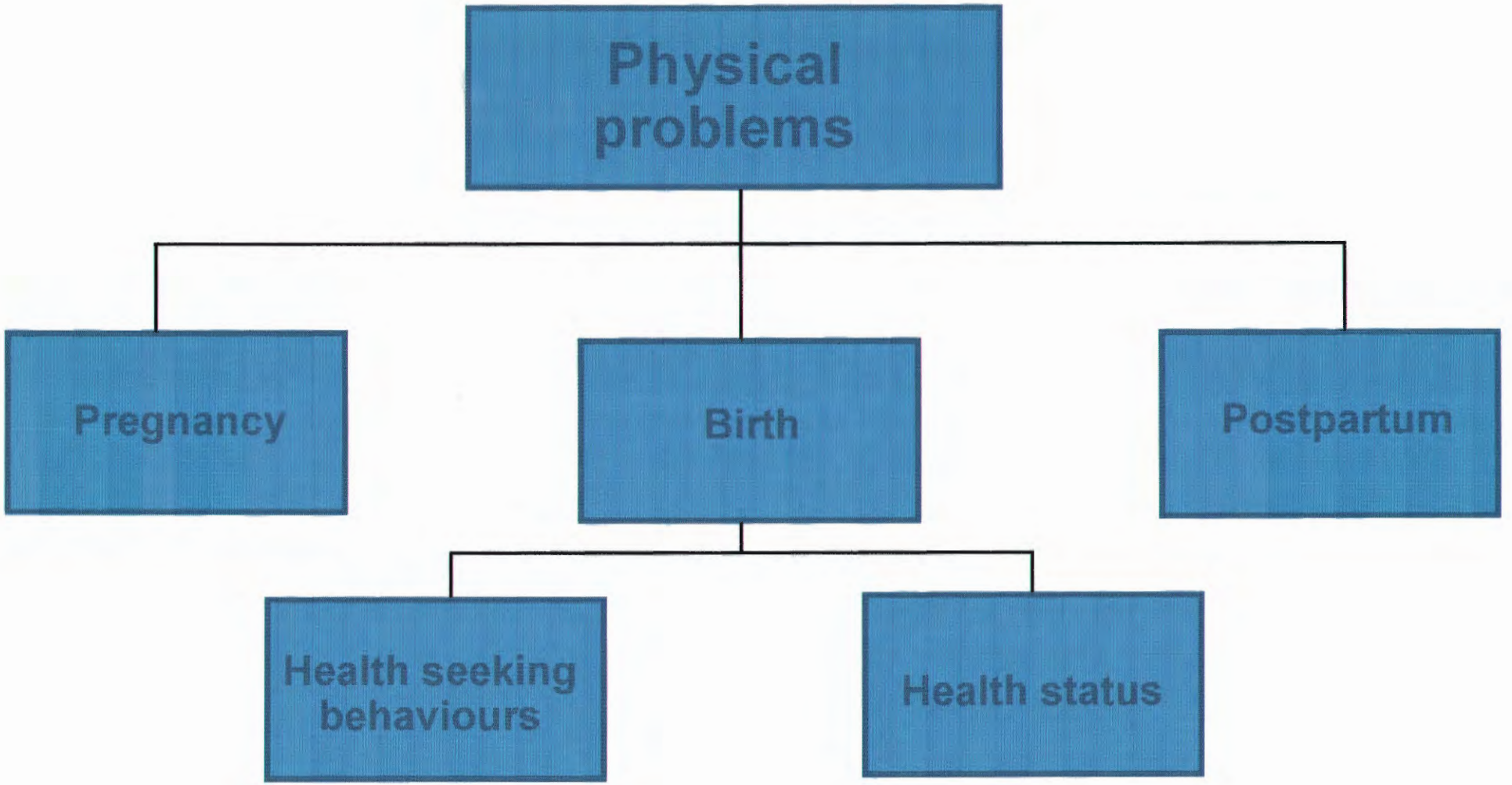

Figure 4.5
Visual presentation of the code and subcodes related to physical problems obtained from the in-depth individual interviews

Although all the teenage mothers reported that the birth process was very painful and they had to have an episiotomy in some cases, all except two respondents indicated that they had normal vaginal deliveries. One participant reported that she planned to deliver her baby with the help of a birth attended at home but complications set in and she had to have a Caesarian Section. The other participant reported that the medical personnel had to use instruments to deliver the baby.

> *I experiences problems during the birth of my child. I complicated during delivery but they [the birth attendants] realised that the child was too big and [they] rushed me to a clinic where I was transported to hospital to be operated. It hurt very much. I never anticipated it to be so bad.*

> *[I] never want to be pregnant again. [It is] too painful, a torture [to give birth].*

It is clear from the findings of this research that the fact that the teenage mothers were young did not necessarily put them at risk for obstetric problems, as other authors suggested, for example Klerman (1993:555) and Stevens-Simon et al (1993:428). Apart from two of the teenage mothers the deliveries were all done by nurses. Boult and Cunningham (1992b:164) believe that with careful obstetric management teenage pregnancy and birth does not present more problems than those of older woman.

4.4.3.3 The physical problems experienced by the teenage mothers during the postpartum period

This subcode refers *to the six week period after the birth of the baby* (Hawkins 1988: 630).

The teenage mothers reported that they felt weak during the postpartum period, which could also be contributed to the fact that they had small babies to look after at night, and that their stomach was not as firm as before. Apart from these complaints which is normal in any new mother's situation they did not have any physical problems.

> *I do feel weaker, [after the birth of the child]. I think it is because I have a young child.*

Other aspects that could also be seen as physical health issues is their health seeking

behaviour and the physical health status of their infants.

4.4.3.4 The health seeking behaviour of the teenage mother

This subcode refers *to the time health care was sought by the teenage mother and who she consulted during her pregnancy* (Hawkins 1988:735).

The participants indicated that they did not seek medical care when they first suspected that they were pregnant. They attended the antenatal clinic for the first time to obtain confirmation from the medical staff that they were pregnant when they were between four and six months pregnant.

> *I think I was about six months pregnant when it was first confirmed [at the clinic].*

The participants who attended the antenatal clinic only attended from the fifth month of pregnancy.

> *I went to the clinic four times [during my pregnancy].*

It was clear from the findings that the participants who attended the antenatal clinic for the first time before the third trimester of pregnancy, tended to attend the clinic regularly thereafter.

> *I started going to the antenatal clinic after five months and attended every appointment [after that].*

By attending an antenatal clinic during the first trimester complications could be prevented. Fortunately none of the participants in this research experienced any problems during their pregnancies.

This finding that teenage mothers tend to seek health care later in their pregnancies is in line with the findings of the research done by Lesser and Escoto-Lloyd (1999 :290) where it was found that the majority of the teenage mothers failed to receive health care during the first trimester of pregnancy which could prevent complications.

Some of the participants did not attend the antenatal clinic at all, and only did so when they felt ill. They indicated that they were very heathy and therefore did not feel it was necessary to attend the antenatal clinic. Another reason given for not attending the clinic was that the clinic was not accessible enough for them.

> *I never went to the clinic during the pregnancy.*
>
> *There was no need, I was not sick and it was a little far.*
>
> *I had to board a bus.*

This is consistent with the findings of the research done by Lesser and Escoto-Lloyd (1999:290) where access to health care (in terms of transportation) and quality health care is seen as often lacking in the lives of teenage mothers.

4.4.3.5 Health status of the infant

This subcode refers to *the general health of the infant* (Hawkins 1988:799).

Very few of the infants experienced problems during the delivery and needed specialised care. The infants all seemed to be quite healthy as they have not contracted any serious conditions.

> *[They] told me when she came out she was tired and not crying, the baby had to be nursed by nurses, isolated from me for some days.*
>
> *She was ill once and was treated at the local clinic.*
>
> *[My child] is healthy, only chesty now and then. She had a rash, cough and fever.*

None of the infants of the participants had to be admitted after birth and could be treated successfully at the local clinic for their minor ailments

None of the participants breastfed for longer than a few weeks. They attempted it but

found it painful and discontinued. They indicated that they could not breastfeed in any case as they planned to either to return to school, find a job, is currently employed or found it to tiresome with the extra responsibilities placed on them by their current circumstances.

None of the participants referred to any physical problems in the naive sketches.

4.4.4 Social problems

This code contains data pertaining *the difficulties the teenage mother may have been experiencing through becoming and being a teenage mother in dealing with mutual relationships with significant others in the community* (Poggenpoel 1990:9).

The teenage mothers indicated that they have experienced social problems in a number of areas.

- Firstly the social problems could be categorised as social problems related to **relationships** with significant others.
- Secondly, the teenage mothers had problems which could be related to the socialising proses – **recreation and spending of spare time**.
- Thirdly, the teenage mothers indicated that they experienced problems during the socialising process as a result of, for example **poor role models**.

Four subcodes were identified from the data collected in the area of mutual relationships with significant others, namely:

- ✦ social problems/relationship with the parents of the teenage mother
- ✦ social problems/relationship with her partner
- ✦ social problems/relationship with the rest of the family
- ✦ social problems/relationship with peers
- ✦ social problems/relationship with community

See figure 4.6 for the visual presentation of the codes and subcodes related to social problems.

4.4.4.1 Problems experienced related to the mutual relationship of the teenage mother and her parents

This subcode contains information pertaining *the feelings and connectedness between the child (in this case the teenage mother) and her parents who have the responsibility to care for her* (Hawkins 1988:586, 682).

Most of the problems related to the relationship between the teenage mother and her parents as experienced by the teenage mother originated during the teenager's normal quest for independence and the parent's way of handling of this stage.

> *They treated me like a baby ... I see myself as a mature, young lady ...*

The fact that the teenage mothers fell pregnant worsened the situation. The reaction of the parents to the fact that their teenage daughters were pregnant varied from one extreme behaviour such as to beat and scold them to the other extreme by ignoring the girls as expressed by three of the participants.

> *My father beat me up. They were scolding ...*
>
> *My mother screamed, cursed, shouted and ridiculed me.*
>
> *... father could not comment for a long time and kept quite.*

Two main groups could be identified by their reaction to the news that the teenage mothers were pregnant. According to the findings the first group that could be identified could be considered financially stronger, who had better educated families and seem to be more Westernised in their way of life and thinking. They were the parents who demonstrated their disappointment that their teenage daughters were pregnant the strongest.

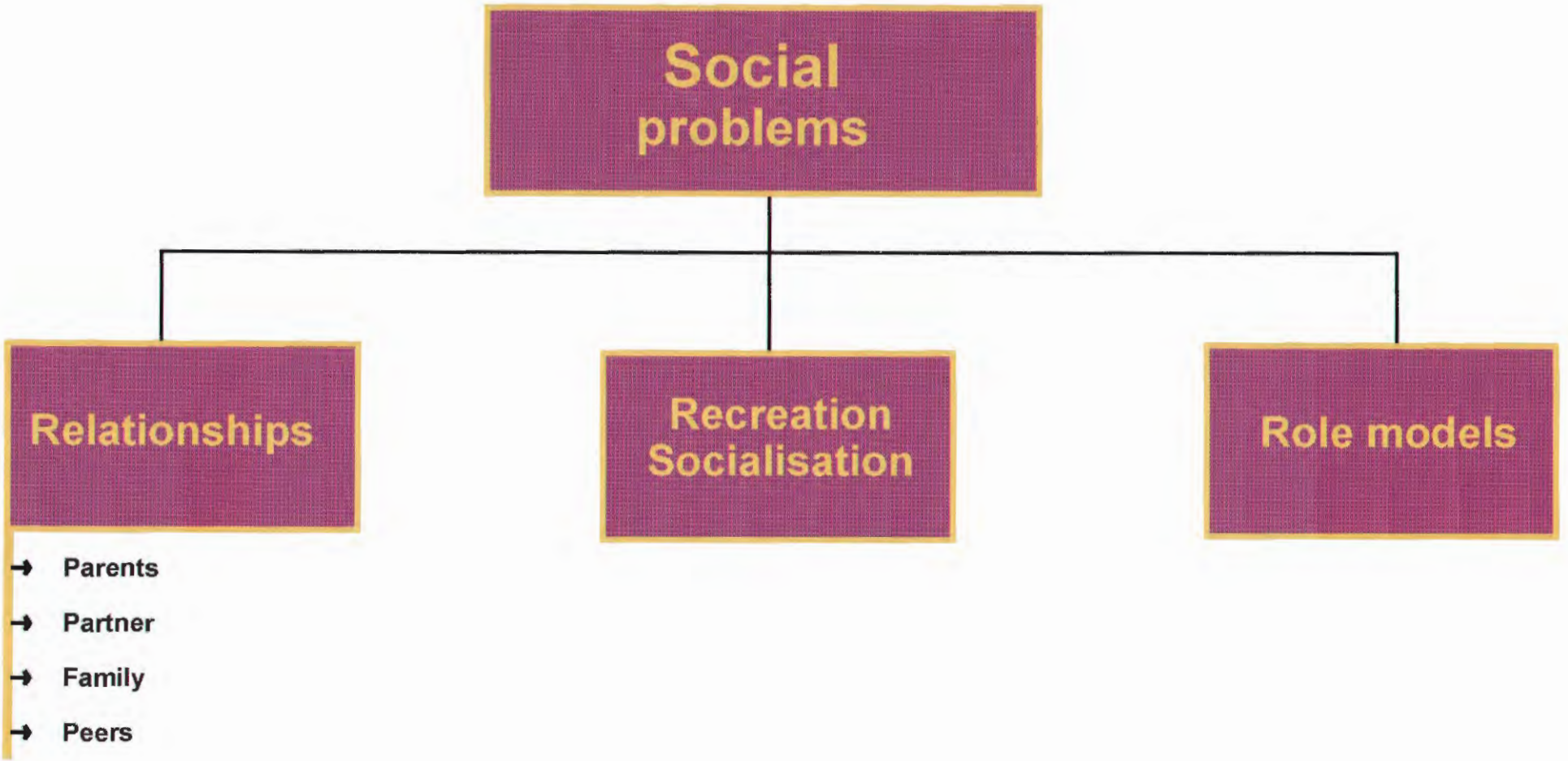

Figure 4.6
Visual presentation of the code and subcodes related to social problems obtained from the in-depth individual interviews

It was clear that they wanted more for their children in life, as demonstrated by the following words of one of the participants

> *She [my mother] felt betrayed. [My] father demanded to know who's money it is I've wasted.*

It was also these parents who took the longest to accept the fact that their teenage daughters were pregnant. These parents also felt ashamed to take their children to the local clinic for ante natal care and hid their children from the rest of the community. These teenagers also had to continue their schooling but also had to do everything for the infants after school, which left them with very little time to rest or mix with their peers.

> *They never accepted it [the pregnancy]. They are [still] scolding now and then.*

These parents also reluctantly had to accept the fact that their daughter was pregnant.

> *There was no choice but to help me with it [the pregnancy].*

The second group which could also clearly be identified from the findings, could be considered as the more traditional households who also seemed to be the poorer families. These families seemed to have accepted the fact of the pregnancy easier, and welcomed the teenage mother and her child into the extended family much quicker. They also seemed to be able to rely on the support their families as they seemed to accept another pregnancy and illegitimate child as a fact of life. The fact that the teenagers have become mothers also seemed to have given them adult status in the more traditional families with more responsibilities associated with adulthood.

> *They [my parents] accepted him [my child]. ... and see me as a grown up girl [now].*

> *They see me now as a grown up woman, a woman with responsibilities. I know I can make it in life with the help of my family.*

This is in line with the research done by SmithBattle (2000:31) who found that mothering

of many teenagers is not so much a failure of planning and rational choice but a tacit recognition of the limited possibilities available to them. Mothering contributes to the making sense of the social worlds they inhabit; their accounts also testified to how mothering can both empower and diminish the self. Having a baby and making the transition to motherhood provided the young poor mother a sense of identity within the family and community for poor young women (Brown et al 1998:566).

4.4.4.2 Problems experienced related to the mutual relationship of the teenage mother and her partner

This subcode contains information pertaining *the feelings and connectedness between the teenage mother and the male who fathered her child* (Hawkins 1988:290, 682).

The teenage mothers all indulged in a sexual relationship because they either enjoyed it and they liked the idea to have a boyfriend who made them feel special, or were forced into it. Some partners bought them gifts, money and gave them attention to talk them into the sex act.

> *... he used to buy me gifts and give me pocket money now and then.*

> *Sex is good, is there to be enjoyed with the right guy who knows how to do it and satisfy you.*

When the partners heard that their girl friends were pregnant they did not want to take the responsibility of their actions as indicated in the following words of two of the teenage mothers.

> *He was angry. He demanded to know what happened. He said he doesn't believe the child was his. His love has diminished, and I felt betrayed.*

> *He said he never intended to make me pregnant, I was still too small for him but I gave him what he could not refuse.*

Sex was also used as a way to catch a man. This finding was found in particular in the teenager mothers who were from poorer families who saw sex as the only way out of the

life they were living.

> *These days it is hard to have a man unless you tie him down with the responsibility of a child.*

Sadly, none of the teenage mothers had a meaningful relationship with their boyfriends afterwards or married any of their boyfriends.

> *He doesn't want to see or have anything to do with me. I was expecting it.*

Although the fathers of the children denied fatherhood or indicated that they did not plan to marry them, some teenage mothers, indicated that they still had contact with the fathers of their children, that they still loved them and would like to marry them any day if they had the chance or are secretly still involved in a sexual relationship with their partners.

> *No, we are not going to get married, but I won't say no if he asks.*
>
> *I still love him and want him.*
>
> *... he asks me to visit him secretly or he comes during the day when my parents are not around ... so that they do not disturb us in my bedroom when we have sex ... he visits me, but doesn't like the child.*

The teenage mothers in this study did not indicate that they abused alcohol or drugs before, during or after their pregnancies as was found in other studies but continued with their risky sexual practices despite their negative experiences of their pregnancies and motherhood. As indicated before, they also did not give the fact that they could contract HIV/AIDS a second thought. They engaged in sexual behaviour to continue an unstable relationship. This is in line with the findings of research done by Brown et al (1998:566) where it was concluded that teenage mothers continued to engage in behaviour that placed them at risk for HIV acquisition. They sometimes engaged in sexual behaviour to continue dependency on unstable relationships, to fulfill perceived expectations for womanhood within the family and culture and to act out feelings from other relationships.

In the research done by Brown et al (1998:566) it was also found that teenage motherhood

is associated with increased rates of substance abuse, divorce and troubled interpersonal relationships. This could not be confirmed by this research as this was not a longitudinal study, although the teenage mothers of the southern Hho-Hho region of Swaziland clearly experienced troubled interpersonal relationships, particularly with the opposite sex.

4.4.4.3 Problems experienced related to the mutual relationship of the teenage mother with the rest of the family

This subcode contains information related to *the feelings and connectedness between the teenage mother and her grandmother, uncles, aunts and siblings* (Hawkins 1988:288, 682).

Generally where the teenage mothers, who were staying with the a nuclear families and had a good relationship with their parents, also seemed to have had a good relationship with their extended families. It is as though the nuclear families set the example for the rest of the family on how the teenage mother should be treated.

> *They [my nuclear family] did not shout when they heard I was pregnant. Almost all of them [the extended family] accepted me.*

In single parent families and where the teenage mothers did not live with their biological parents the teenage mothers experienced problems with some of the members of this extended family in who's care they were placed. One teenage mother indicated that her uncle forced her to have sex with him and subsequently fell pregnant. He then gave her money to have an abortion.

> *... he [my uncle] forced me into sex, he then realised I might be pregnant and gave me money to go to a secret person who he knew can help.*

This sexual abuse continued after the current baby (of another man) was born.

> *He was angry [that I was pregnant], but he needed my sex to satisfy his appetite as he was used to it.*

It seemed from the findings that this kind of situation took place in disorganised families as the abovementioned teenage mother also indicated:

> *My second uncle does not come home often. [He] is too much of a drunkard, and stays elsewhere.*

4.4.4.4 Problems experienced related to the mutual relationship of the teenage mother with her peers

This subcode contains information related to *the feelings and connectedness between the teenage mother and her friends of the same age* (Hawkins 1988:592, 682).

The teenage mothers reported that they were at first part of a group and were accepted. They obtained their knowledge of sex from their friends and were told that sex is nice and is there to be enjoyed. When it became known that they were pregnant the relationship with the peers soured. This development aggravated the feeling of loneliness in the teenage mother. The following are quotation of two teenage mothers about their relationships with their friends after they became pregnant:

> *I have social problems now, (that) I am an outcast from my friends. Some friends sympathised, some kept their distance when they realised I was pregnant.*
>
> *I cannot have any friends they despised me.*

4.4.4.5 Problems experienced related to the mutual relationship of the teenage mother with the community at large

This subcode contains information pertaining *the feelings and connectedness between the teenage mother and the other members of her community such as neighbours* (Hawkins 1988:161, 682).

The members of the community in general gossiped when they learned of the pregnancy of the teenage mothers.

> *I realised that it is because of my age [that I was only 15 years old] that people were shocked and gossiped about me.*

In the case of the more traditional communities the neighbours were more positive and also tended to take charge by taking the teenage mother to the male who made her pregnant to face his responsibility.

> *They were calm and they wanted to know who my boyfriend was and they (the women) arranged to go with me (covered in blankets) to report the pregnancy at the boyfriend's home.*

The traditional community also accepted the pregnancy much easier, as they now saw the teenage mother as an adult.

> *The community sees me as I am now, a woman who is mature.*

The majority of the teenagers, however, indicated that the community did not accept teenage pregnancy and motherhood and felt that these individual would have a bad influence on the children of the members of the community.

> *They [the members of the community] don't like pregnant teenagers, unless they are married ...when [I am] talking to their children they think I'm bad.*

> *Pregnant girls are not accepted in the community. They [the neighbours] blame pregnant girls.*

The teenage mothers indicated that they felt both "too old" to be accepted in their peer group and also "too young" to be able to be independent. This findings is in line with the findings of Davis and Rhodes (1994:12).

Other social aspects relevant to this discussion were also identified such as problems within the socialisation process which should be part of the normal development of a teenager in society.

4.4.4.6 Social problems the teenage mothers experienced which could be related to the socializing process – recreation and spending of spare time

This subcode contains data pertaining *the process in which the teenage mother refreshes herself or entertains herself in her spare time* (Hawkins 1988:675).

All the teenage mothers indicated that they did not have time to visit their friends or do things they used to do as they had no time to spare after the baby's birth. This was expressed in the following verbal accounts of three of the participants.

> *I have no social life [anymore].*
>
> *I do all the family chores, wash, clean and cook. I look after the baby myself.*
>
> *I don't read the newspaper... [I do] watch television.*

4.4.4.7 Social problems the teenage mothers experienced during the socialising process related to the role models in their lives

This subcode refers to the *person or persons a teenager should be able to look up to and who's example she should be able to follow to develop into a well balanced mature adult* (Hawkins 1988:524).

Most of the teenage mothers indicated that their parents and families were poor role models for them where it comes to teenage pregnancies and illegitimate relationships. Their parents also did not show their love for each other in front of their children. The following two quotations demonstrates their poor role models in the lives of the teenage mothers.

> *My mother had a baby before staying with my father, they have stayed together since I was born ... they are not really married. They live together. My father has other women. He sleeps at home regularly, but not always, sometimes we won't see him for days ... My parents take each other for granted. They don't' show love.*

Two of my sisters were also teenage mothers.

Yes, all of them. All of the women in my family fell pregnant as teenagers. I don't know about my mother, she never told us.

Although the teenage mothers indicated that their family members smoked and drank beer, it only seemed to be a problem in one case.

4.4.5 Cultural problems

This code contains data pertaining *the difficulties the teenage mother in the southern Hho-Hho region of Swaziland may have experienced that were possibly the result of becoming and being a teenage mother. These problems were related to standards of behaviour and doing things determined by community beliefs, values and customs as well as belonging to a specific institution* (Stanhope & Lancaster 1996:933).

The following subcodes could be identified:

- problems related to cultural roles
- problems related to cultural taboos
- problems related to cultural gender issues
- problems related to cultural expectations

See figure 4.7 for the visual presentation of codes and subcodes related to cultural problems.

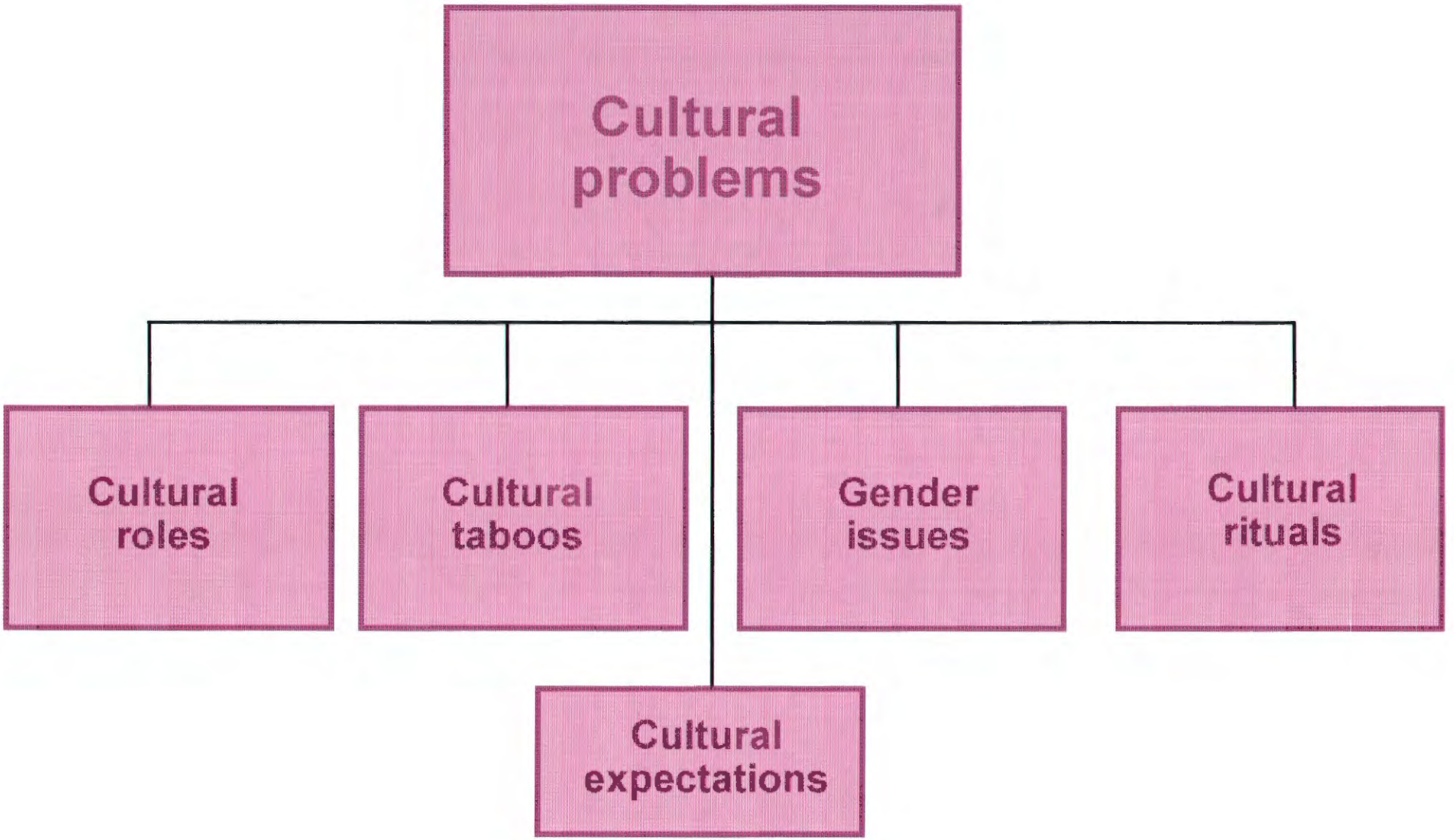

Figure 4.7
Visual presentation of the code and subcodes related to cultural problems obtained from the in-depth individual interviews

4.4.5.1 Problems related to cultural roles

This subcode contains information pertaining *the difficulties the teenage mothers experienced related to their role in society which is part of a person's function in life* (Hawkins 1988:702).

All the teenage mothers in this study indicated that their role in society has changed. They are now seen as grown up and has the status of a grown woman, but it is clear from the findings that they did not really feel at home in this new role. Firstly, they believed that this new status is only a burden as it implied more responsibilities and not the fun they used to enjoy. Secondly, they no longer belonged to the traditional maiden group. They clearly did not like the change of roles in society that took place as a result of their pregnancies and motherhood status, as verbalised by three of the participants.

> *Now, they treat me differently.*
>
> *The fact that I became pregnant caused problems, that I can no longer be a maiden, I'm already out of my group. It is a pride to be girl with no child and still belong to the maiden traditional group.*
>
> *The child is a burden which they [women] are forced to feed and attend [to].*

4.4.5.2 Problems related to cultural taboos

This subcode contains information pertaining *the problems the teenage mothers experienced as a result of a ban or prohibition on something that is regarded by custom as not to be done, touched or used* (Hawkins 1988: 832).

The teenage mothers were all very clear about their feelings of the custom placed by the culture on parents which makes it very difficult to discuss or even prohibits the discussion of sex and other related subjects openly with children. They all felt strongly that this is wrong as they would have liked their parents to discuss it with them.

> *No, adult ever told us anything, it is forbidden [to talk about sex]. It is not*

mentioned in the community either. It is taboo.

Would have liked it to come from parents.

Brown et al (1998:571) state that their data revealed distinct cultural taboos against condom use. Even when they do recognised the risk, teenage mothers often felt incapable and powerless to discuss safe sex or request condoms for their partners, who were often older and on whom they might have been economically dependent. Cultural perceptions of those behaviours as "unfeminine" and fear of partner rejection contributed to these female teenager's failure to actively plan sexual behaviour.

4.4.5.3 Problems related to cultural gender issues

This subcode contains information pertaining *the problems the teenage mothers are experiencing with the different roles the males and females in the community which does not seem fair to them* (Hawkins 1988:335).

The teenage mothers felt very strongly about the fact that men seemed to have all the fun in life and culture gave them power, woman on the other hand always had to play a submissive role and couldn't enjoy life, as verbalised by six of the participants.

Men, they are dictators and can be rough with women when demanding something.

Men are always better than girls. They are the masters. Yes, men like their women to have children especially having boys – it is a good sign and your in-laws and partner gets excited [if you have a baby boy].

I learned to listen to the men and do what they want. Not to argue. Women are called children of the men, [by culture] so he treats them like children. [Even so] I do not have much hope for the future [without a man].

No difference, rape or no rape, all men are demanding and they are rough on what they want, you just have to lie back and relax. They want women to satisfy them, they are demanding.

We [girls] are taught to have children and be obedient to our husband. Men, they are bullies.

> *We [women] are taken for granted in everything. We can't ask anything. Men, they do what they want. Giving in, [is what girls must do] he always has the final word.*

All the teenage girls had strong feelings about the vast differences in the status the men and women enjoyed in their culture. It was clear that they were rebellious about this fact, because they knew that they couldn't change it as it was imbedded in their culture. They indeed needed these men who did not care about their feelings, and were never sensitive to their sexual and other needs, for their future. In their culture, the ultimate status in the community relies on the fact whether women are married and have children. Without that they felt lost.

4.4.5.4 Problems related to cultural rituals

This subcode contains information pertaining *the problems the teenage mothers are experiencing with a series of cultural actions used in ceremonies* (Hawkins 1988:699).

In the more traditional section of the community the members of the community took part in a series of ceremonies which were of tremendous value for the community. They believed strongly in many of these cultural actions and it was very important they as a traditional Swazi took part in these rituals.

Three such cultural rituals have been mentioned by the teenage mothers.

- One of these rituals was the reed dance where virgins clothed in scanty traditional clothing, to show off their young bodies, took part. It was seen as a privilege and honour to take part in this dance. (This dance is discussed in more detail in annexure I.)
- The second ritual and which was part of the reed dance where the girl is chosen by her prospective in-laws as a future wife for their son and marked by members of the community to indicate that she is taken.

> *... after the reed dance the families paid money representing a cow for each, to go and cook for their families (chosen in-laws), one [the maiden] is then*

smeared with red oak – a sign of being marked traditionally that you are now a wife.

- The third ritual or cultural action mentioned by the teenage mothers could be seen as a traditional contraceptive. The teenage mothers indicated that the young men who were not married yet were generally not in favour of using any form of contraceptive.

They talk about some traditional herbal leaves. You stone the leaves while still wet, make a pulp and insert it vaginally before sex. I did not do it. I guess it is for old married women where the man approves, it is not suitable for those seeking partners.

4.4.5.5 Problems related to cultural expectations

This subcode contains information pertaining *the problems the teenage mothers are experiencing with the thing the members of the community expects should happen as it is part of their culture* (Hawkins 1988:280).

The more traditional section of the community felt that one should abide to the expectations of the culture. It could often cause problems and unhappiness for the young teenage mother who already felt alienated from the traditional ways of their culture because of their contact and knowledge of the more Western ways of living. The teenage mothers who seemed to be in the traditional stage between the more traditional ways of doing things and the more modern ways indicated their reluctance to be part of the old cultural ways and even exhibited feelings of rebelliousness towards these customs. One such custom is that the community expected a girl to bear many children within short intervals during their fertile years.

The community expects me as a girl to bear children but doctors said I have to wait for two years to allow the tissues to heal.

Another such custom is the services of the traditional birth attendant. The community expected women in labour to make use of the services of a traditional birth attendant. The teenage mothers in this study clearly did not feel at ease with their competency as they

often had to be transferred to medical services where complications set in. This caused the birthing experience to be very traumatic for these young women.

> *... the birth attendant tried, but could not deliver the baby ...*
>
> *I thought I was going to die ...*
>
> *... never again ... It must never happen again.*

It is clear that the earlier identified division in the community seem to exist, namely the more traditional section who where more fatalistic in their acceptance of the unavoidable aspects of community life and then there was the section of the community who seemed to be in a transitional stage towards a more modern outlook of community life. The last group did not seem to want to accept things as they were not without criticism and would like it to change as seen in their preference to the more scientific medical care approach.

4.4.6 Spiritual problems

This code contains data pertaining *the difficulties the teenage mother in the southern Hho-Hho region of Swaziland may have developed through becoming and bing a teenage mother such as her relationship with God* (Oral Roberts University, Anna Vaughn School of Nursing 1990:136-142).

Three subcode could be identified namely:

- ✦ problems related to the relationship of the teenage mother and her church
- ✦ problems related to the teenage mother's faith
- ✦ problems related to feelings of guilt she may have experienced

See figure 4.8 for the visual presentation of the codes and subcodes identified as spiritual problems.

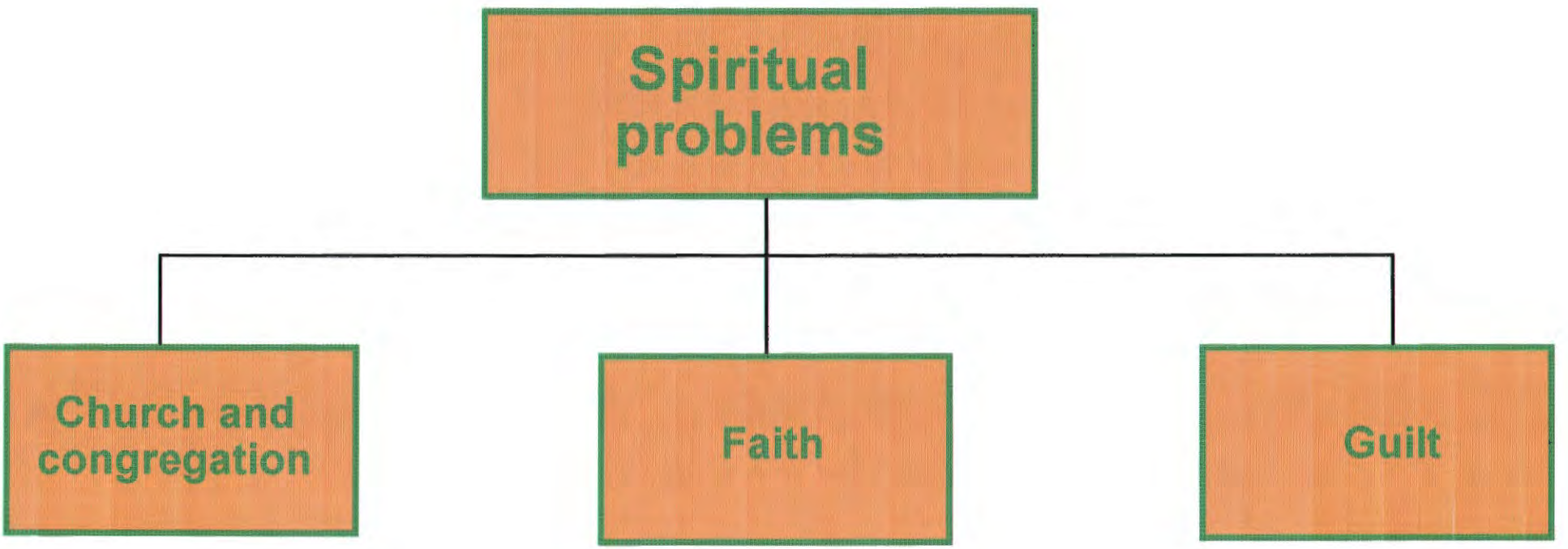

Figure 4.8
Visual presentation of the code and subcodes related to spiritual problems obtained from the in-depth individual interviews

4.4.6.1 Problems related to the relationship of the teenage mother and her church

This subcode was defined as: *The problems the teenage mother has experienced as a result of her becoming and being a teenage mother with the places where the members of the community gather on a regular basis to worship as well as with the people who gather to worship God* (Hawkins 1988:41).

Almost all the teenage mothers indicated that they used to attend their church regularly and took part in the activities offered at the church, for example choir singing. All the participants indicated that they did not feel free to go to church after they became pregnant, as the church did not condone sex before marriage and they therefore did not feel welcome or that they would be accepted back into the congregation.

> *[The church] believe that you are bad [when you fall pregnant and are not married], they do not accept it.*

It seemed that to go to church was just another activity for them, something they could do to pass the time, as they did not elaborate much on this topic during the interviews. In a community with not much recreational activities it is not surprising. Unfortunately even this door closed for them after they became teenage mothers.

4.4.6.2 Problems related to the faith and religious beliefs of the teenage mother

This subcode contains information pertaining *the problems the teenage mother experienced as a result of her becoming and being a teenage mother in reliance or trust the teenage mother has in a person, a thing* or *in a religious doctrine* (Hawkins 1988: 286).

It did not seem that faith in a religious doctrine was one of their priorities. They indicated that they felt that to have faith in God could have helped them to overcome their problems, but at the moment faith in God was not one of their biggest problems.

> *I do not experience spiritual problems. No, but sometimes [faith] can work.*

Their faith in other people such as men in general seemed to have been shaken just after the pregnancy and birth of their babies. They, however, indicated that they were either already involved in a relationship with a boyfriend or would like to get married one day.

This finding is different from the findings of the research done by Olivier (1996:7) who found that the single most influence on teenagers as far as sexual activities were concerned, was their religious beliefs.

4.4.6.3 Problems the teenage mother might have experienced such as feelings of guilt

This subcode contains information pertaining *the problems the teenage mother experienced as a result of her becoming and being a teenage mother which involves the feelings that she is to be blamed for the events* (Hawkins 1988:358).

All the teenage mothers indicated that they felt guilty about the fact that they fell pregnant and became mothers. They all indicated that they have disappointed their families as their future planning for their daughters have been shattered and because of the financial burden placed on the family as a result of the extra mouth to feed.

Some teenage mothers indicated that some of their family members constantly reminded them of this mistake they made which seemed to have a depressing affect on their daily lives. They indicated that they felt that they committed some offence which they must pay for, for ever.

> *I felt very guilty. I guess he wanted me to remain feeling guilty of what I did.*

> *This [feeling] will stay with me forever. It will not go away.*

4.4.7 Emotional problems

This code contains data pertaining *the difficulties the teenage mother in the southern Hho-Hho region of Swaziland has experienced that may have developed through her becoming and being a teenage mother in the dealing with intense mental feelings* (Hawkins 1988:

262; Oral Roberts University, Anna Vaughn School of Nursing 1990:136-142; Rand Afrikaans University, Department of Nursing Science 1992:1/10).

The following emotional feelings could be identified which are mostly negative in nature:

- feelings of loneliness
- feelings of fear
- feelings of despair and devastation
- feelings humiliation
- feelings of rebelliousness
- feelings of not belonging/ not being accepted
- feelings of frustration
- feelings of relief
- low self-esteem of the teenage mother

Other problems identified which could have affected the teenage mothers emotionally were:

- Abuse

See figure 4.9 for the visual presentation of the codes and subcodes identified as emotional problems.

4.4.7.1 Feelings of loneliness

This subcode contains data pertaining *the feeling of loneliness the teenage mother in the southern Hho-Hho region of Swaziland has experienced that may have developed through her becoming and being a teenage mother which is a solitary feeling when she feels she is without any companion friends or support* (Hawkins 1988:480).

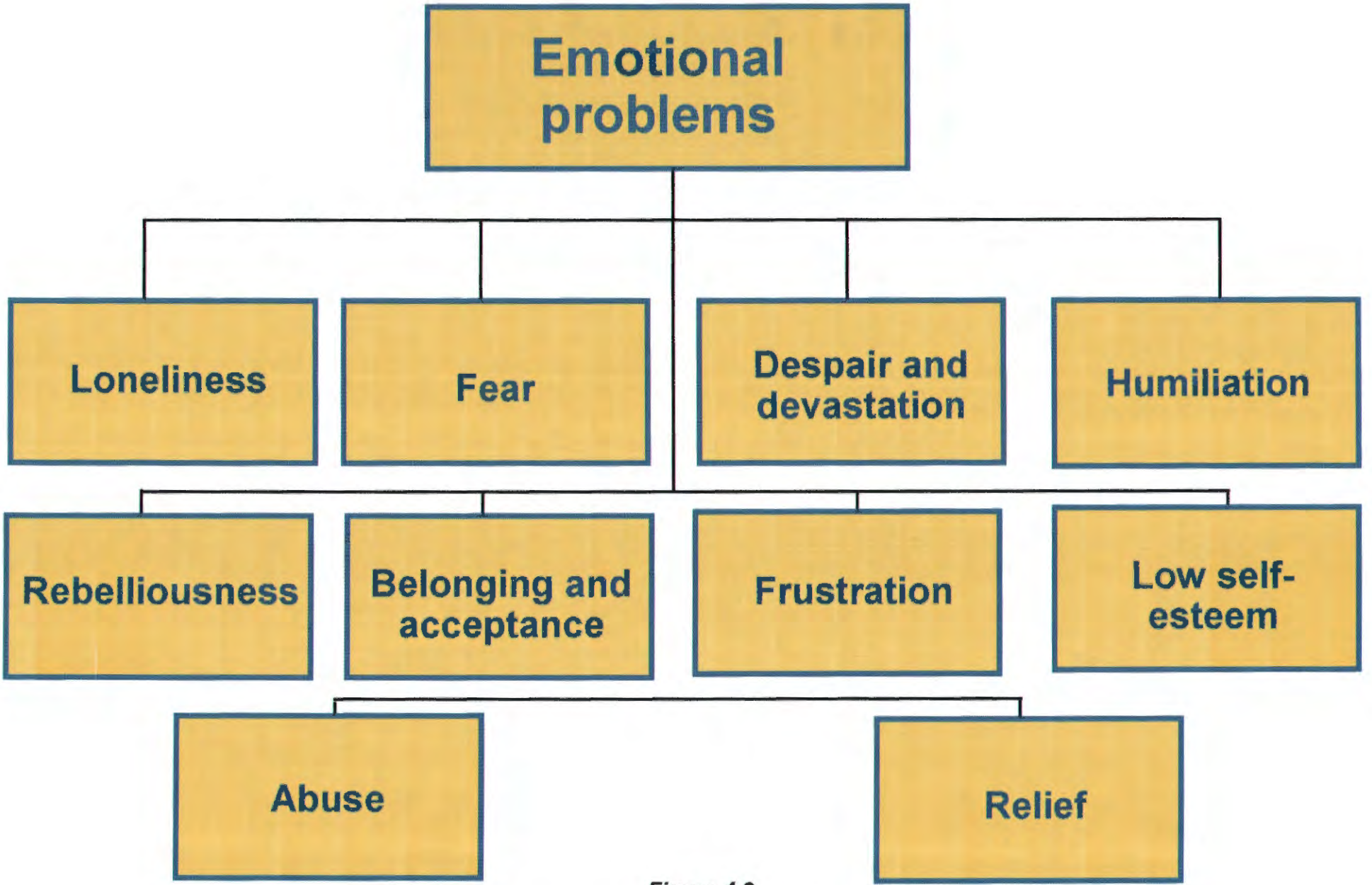

Figure 4.9
Visual presentation of the code and subcodes related to emotional problems obtained from the in-depth individual interviews

All the teenage mothers indicated that the pregnancy and motherhood caused them to feel lonely and without friends most of the time. They themselves initially did not feel comfortable to mix with members of the community as a result of the reaction of the community to the pregnancy and preferred to stay at home and only left home when they really needed to do so. They lost their established group of friends and their circumstances where of such a nature after the birth of the baby that little time was available to make new friends. They did not really fit into the adult world although they seemed to have been accepted by the community as adults, on the other hand and they did no longer feel comfortable in their old circle of friends.

This was expressed by three of the participants as follows:

> *I never went out, I kept indoors.*
>
> *[I cannot] mix with maidens now.*
>
> *I'm lonely, I have no friends, I stay at home.*

4.4.7.2 Feelings of fear

This subcode contains data pertaining *the difficulties the teenage mother in the southern Hho-Hho region of Swaziland has experienced that may have developed through her becoming and being a teenage mother which could be defined as an unpleasant feeling caused by the neamess of danger or expectation of pain* (Hawkins 1988:291).

The teenage mothers expressed the fear they experienced:

- when they realised that they might be pregnant
- in anticipation of the reaction of the members of community on the pregnancy
- in realisation of the problems they caused their parents
- during labour
- for their own as well as for the future of their children

The following are quotations take from six transcripts to demonstrate their feelings of fear:

I was frightened. Everything was changing. I tried to hide my pregnancy by wearing baggy clothes.

The teachers started to ask questions. I tried to deny it, but they told me that one teacher will take me to a clinic to have me examined. I was very frightened. I knew I could not longer stay[in school.

I was so frightened because I knew I was going to lose my job.

I realised I was in big trouble [with my parents].

I was frightened and in severe pain. I felt as though I was going to die when I gave birth.

I am frightened. My future is affected by this. What is to become of me and my child?

4.4.7.3 Feelings of despair and devastation

This subcode contains data pertaining *the difficulties the teenage mother in the southern Hho-Hho region of Swaziland has experienced that may have developed through her becoming and being a teenage mother which has progressed into a feeling of complete loss of hope or total destruction of the life they were living* (Hawkins 1988:219, 221).

The teenage mothers expressed their feelings of despair they experienced during the pregnancy, labour and after the birth of their off-spring. They felt they had nobody they could turn to who would really understand and help them and nothing would let the problem go away without the confrontation they expected. Nothing could change this situation or make it better and they therefore felt trapped and angry, as verbalised by four of the participants.

I felt like I disappointed my parents and that I was a failure. I was actually devastated.

I feel despair – lost, anxiety. caught up with all the responsibility.

I feel trapped, I can't escape. It is a disaster.

I feel despair, trapped and angry. I wish I could have my life back. I can't believe it, I am also a child.

4.4.7.4 Feelings of humiliation

This subcode contains data pertaining *the difficulties the teenage mother in the southern Hho-Hho region of Swaziland has experienced that may have developed through her becoming and being a teenage mother which she experiences as a feeling of disgrace* (Hawkins 1988:395).

The teenage mothers expressed their feelings of shame and humiliation when they first realised what they have done and tried to cover their bodies to hide the pregnancy as long as possible from the outside world.

I felt ashamed I did not want people to look at me. I felt ashamed and covered my body completely.

The parents also aggravated this feeling of disgrace by not letting them to be seen by other community members.

My mother never wanted me to be seen out, I stayed in the house. I was taken to a private clinic, my mother avoided government clinics. She said the nurses and people will always gossiped due to my age, so at this doctor there were very few people we met.

This feeling of humiliation is still continuing in her life as the consequences of this situation is affecting her life and future.

I feel ashamed. I was still at primary school and have only written standard 5.

4.4.7.5 Feelings of rebelliousness

This subcode contains data pertaining *the emotional difficulties the teenage mother in the southern Hho-Hho region of Swaziland has experienced that may have developed through*

her becoming and being a teenage mother which is now expressed as a strong feeling of protest (Hawkins 1988:673).

It was clear from the data analysis that where the teenage mothers have rebelled as normal teenagers would against society and the restricting rules and regulations laid down by their culture before their pregnancies and motherhood – that this has changed. Where they at first at least enjoyed life they were now trapped in a situation they did not want to be in. The strong feelings of protest they were experiencing now as mothers were also more directed towards the added responsibilities the motherhood brought about, towards themselves for being so foolish and towards other people who did not empower them with the knowledge they needed to make better choices.

> *[Life felt] good and dangerous [before the pregnancy].*
>
> *I feel stupid. I feel shy and ashamed and angry for being such a fool.*
>
> *I hate to do the washing, who wants to wash blankets [soaked] with urine [every day?]*
>
> *Why didn't they tell us?*

According to Carey, Ratliff and Lyle (1998:355), teenagers normally feel a sense of rebellion, a need to test boundaries and assert their differences, as it is also one of the characteristics of adolescence. The teenage mothers who demonstrated and felt a sense of rebellion seem to be the one's who coped with the responsibilities and developed strengths and was determined to succeed in life.

4.4.7.6 Feelings of not belonging/ not being accepted

This subcode contains data pertaining *the difficulties the teenage mother in the southern Hho-Hho region of Swaziland has experienced that may have developed through her becoming and being a teenage mother expressed as the need to be accepted and to belong* (Hawkins 1988:70, 74).

It was clear from analysed transcripts of the teenage mothers that they initially needed to feel important, to feel that they belong, to feel special and that was the paramount reason why they embarked onto this road of premarital sexual experience and ended up with the subsequent pregnancy and motherhood problems.

> *I needed someone to comfort me. I needed to feel special.*

The teenage mothers indicated that they would like to be accepted now, after they have become mothers but do not seem to have much hope of this happening. They indicated that they will hopefully cope with their altered lives as others have done before them.

> *Accepted. I cant' expect more.*
>
> *Well, others do manage, I will get used to it.*

For many motherhood was overwhelming, yet at the same time seemed to promise social acceptance, power within their new family and unconditional love from their infant (Brown et al 1998:571).

4.4.7.7 Feelings of frustration

This subcode contains data pertaining *the emotional difficulties the teenage mother in the southern Hho-Hho region of Swaziland has experienced that may have developed through her becoming and being a teenage mother as expressed as a feeling of frustration* (Hawkins 1988:323).

Many teenage mothers expressed feelings of frustration as they couldn't cope with their circumstances and couldn't change it. This is just one of the many feelings which has been expressed by the teenage mothers which demonstrated that they were unhappy teenagers and that they even might be depressed.

> *I often feel frustrated. I can't cope, motherhood is too demanding. I never wanted it [the baby]. I am no longer completely free.*
>
> *No [I am not happy], [I feel] frustrated. I wish she would stop crying.*

This finding is in line with the finding of the research done by Davis and Rhodes (1994: 13) who indicated that the teenage mothers experience frustration with "being simultaneously too young and too old", and because they must cope with difficult demands in addition to the various development tasks of adolescence.

4.4.7.8 Feelings of relief

This subcode contains data pertaining *the emotional feeling the teenage mother in the southern Hho-Hho region of Swaziland has experienced that may have developed through her becoming and being a teenage mother expressed as an ease in the removal of pain and anxiety* (Hawkins 1988:683).

This was the only positive feeling that the teenage mothers expressed about their circumstances. It was mostly related to the immense fear they experienced during the birth of their infants and the relief that they and their babies were alive after the ordeal. One teenage mother also indicated that this feeling of relief that they were alive did not alter the predicament they were in.

> *Relieved, it is all over at last. I am glad she's alive. ... feel safe.*
>
> *I felt relieved after the baby was born, but still disappointed that I could not cope.*

Unfortunately some studies have found that 40,0 percent of young mothers will become pregnant again in the next two years (Brown et al 1998:566).

4.4.7.9 The low self-esteem the teenage mother has of herself

This subcode contains data pertaining *the negative emotional feeling the teenage mother in the southern Hho-Hho region of Swaziland is feeling of herself and how she perceives herself that may have developed through her becoming and being a teenage mother* (Hawkins 1988:736).

The teenage mothers indicated that they perceived themselves much older than they actually were. They have lost much in life due to this experience, such as their youth, dignity, confidence, the ability to continue with their lives and have lost most of their positive feelings about themselves.

> *I doubt myself now. I don't think that I will be able to finish school.*
>
> *[I feel] old. Funny it makes me feel old.*
>
> *I feel like a dump. I will think twice before I become pregnant again.*
>
> *I felt frightened and looked much older.*

4.4.7.10 Abuse

This subcode contains data pertaining *the emotional problems the teenage mother in the southern Hho-Hho region of Swaziland might experience in future due to the physical or emotional abuse she has experienced that may have developed through her becoming and being a teenage mother* (Hawkins 1988:4).

At least two teenage mothers indicated that they were abused and or raped. The one teenager described her ordeal in her naive sketch and the other in the in-depth personal interview. Most of the teenage mothers indicated that they were physically abused as children by their parents or at least spanked for what they have done wrong.

> *The father of the child abused me. I was not actually rape, he forced me at first but other times later on, I gave in ... He [the father of the baby] indicated that he will let me know when I could leave ...*
>
> *Physically abused – yes, my parents beat [me] with everything they could get hold of.*
>
> *[I] was sexually abused.*

Although the findings of this research indicated that the majority of the teenage mothers of the southern Hho-Hho region of Swaziland were not abused Turner et al (2000:744)

indicated that teenage mothers were nearly four times as likely to have experienced physical abuse by a parent, more than twice as likely to have been sexually abused or assaulted by a partner.

From the observations and field notes made by the researcher it was clear that the participants have demonstrated symptoms such as sadness or even depression. The teenage mothers expressed feelings of shock, frustration, loneliness, despair, devastation, fear, low self-esteem and a need to belong. They also indicated that they wished that they could sleep through a whole night although they contributed their sleeplessness to the fact that their infants kept them awake at night. This could be symptoms of depression. This finding is in line with the research done by Koniak-Griffin, Mathenge, Anderson and Verzemnieks (1999 :56) who found that feelings of sadness were common among teenage mothers. They concluded though that these feelings of sadness usually did not indicate the presence of a diagnosable mental illness. The entire sample in the research done by Nxumal (1997) also experienced shock, anxiety, frustration, loneliness, depression and guilt. These feelings were experienced both during and after pregnancy.

The data obtained in the study done by Lesser and Escoto-Lloyd (1999:292) suggested that the prevalence of depressive symptoms in pregnant teenagers and teenage mothers ranges from 8,0% to 59,0% and that depression in parenting teenagers is associated with negative parenting behaviours. Lesser and Escoto-Lloyd (1999:292) concluded that depressed teenage mothers place them at risk for impaired maternal-child interactions.

4.4.8 Economic problems

This code contains data pertaining *the financial difficulties the teenage mother in the southern Hho-Hho region of Swaziland has experienced that may have developed through her becoming and being a teenage mother* (Hawkins 1988:255).

The economic problems experienced by the teenage mothers could be divided into following:

- the financial status of the teenage mother *before* becoming and being a teenage mother
- monetary contributions *received* by the teenage mother from other people

- the *current* financial situation of the teenage mother
- expected *future* financial problems

4.4.8.1 The financial status of the teenage mother before becoming and being a teenage mother

This subcode contains data pertaining *the financial status of the teenage mother in the southern Hho-Hho region of Swaziland enjoyed before becoming and being a teenage mother* (Hawkins 1988:255).

It was clear from the analysed data that the majority of the teenage mothers were relatively poor before becoming and being teenage mothers. This could also be deducted from their description of their living arrangements at home as described by the following two teenage mothers. Again two groups could be identified, namely the group who described a more traditional way of living in the rural area and those who described a tendency towards an urban more modern life style.

> *Many people live in our home, about ten including my parents and siblings and grandmother. There are three huts for sleeping and a fourth one as a kitchen. It is a thatched traditional home ... in a rural area, about 40 km from town. We have running water [in the river]. We use the bush for toilet, traditional fire for cooking. We make use of buses to go to the clinic.*

In Figure 4.10 the visual presentation of the codes and subcodes identified as economical problems are given.

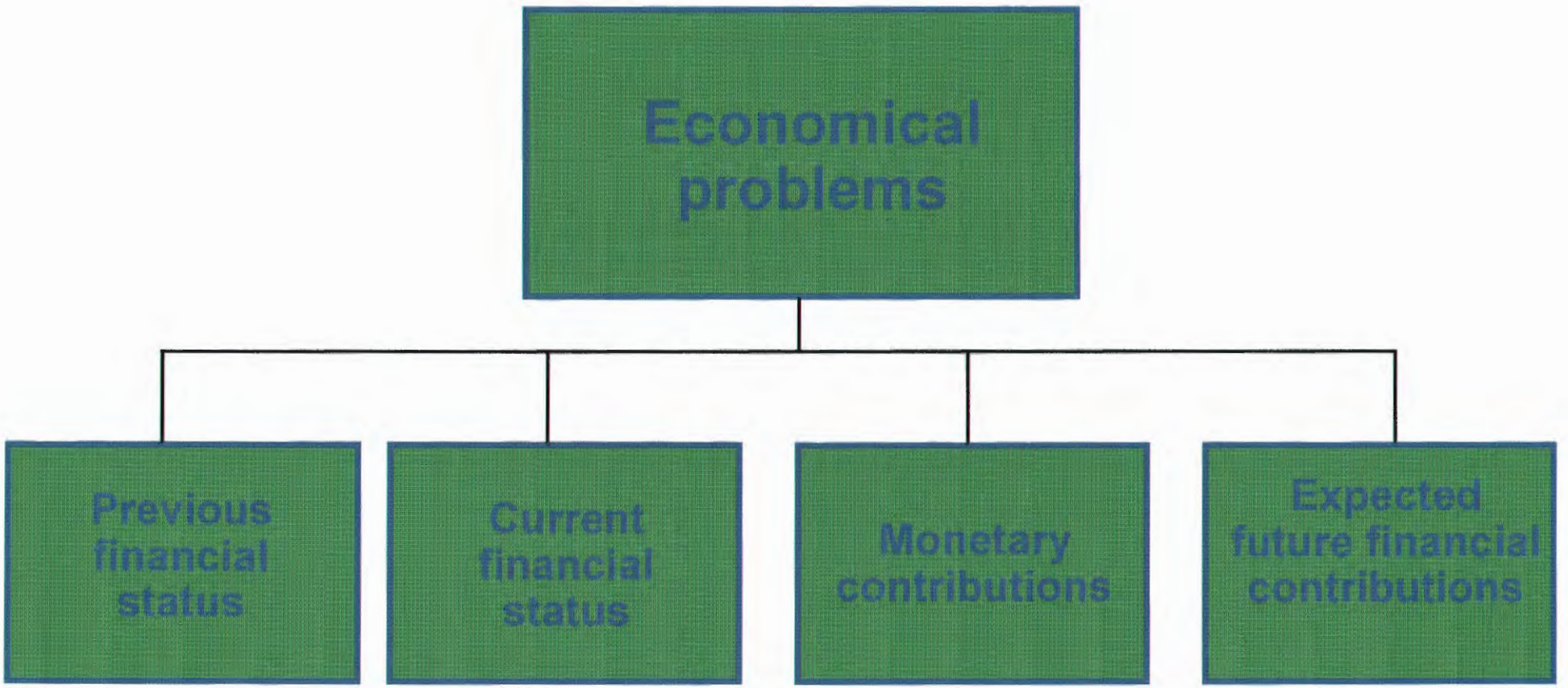

Figure 4.10
Visual presentation of the code and subcodes related to financial problems obtained from the in-depth individual interviews

The teenage mothers who indicated that they had a modern life style seemed to be financially better off than their traditional peers, but they also seemed to have had their share of financial difficulties before the pregnancy and motherhood.

> *We are five people living in our home, ... we live in a two roomed house, a dining room changed to lounge and a kitchen. It is a modern home made of bricks in the urban area and is about five km from the town. We have hot water, modern toilet and electricity. For transport we make use of taxis and mini buses. It was better those times when I was small as my mother was working as a maid and sometimes sold vegetables. Financial support was a problem.*

4.4.8.2 Monetary contributions received by the teenage mother from other people

This subcode contains data pertaining *the monetary contribution received from other people which might have elevated their financial difficulties the teenage mother in the southern Hho-Hho region of Swaziland has experienced that may have developed through her becoming and being a teenage mother* (Hawkins 1988:175).

It was clear from the analysis of the interviews that the teenage mothers could not rely on any monetary contributions from the father of their of-spring. It could be due to the fact that they were poor themselves, but it seemed mostly because the fathers did not care to contribute, as expressed by the following two participants.

> *No, he does not give me any money. As he doesn't work, he does not support me.*

> *The father of the child is working now, but he is not mine. He therefore is not contributing. His love has vanished.*

The extra monetary contributions came from the parents of the teenage mothers.

> *My mother contributes financially, she gives me money to buy [necessary things for the baby] and send my baby the clinic.*

> *My father contributes financially, he works in offices. He pays what he can afford, he is not forced [to pay anything].*

These findings are not consistent with the findings in the research done by Boult and Cunningham (1992:162) were they indicated that the remnants of past social organization is still applicable in certain circumstances in urban black communities where 'reparation' is paid by the boyfriend's family.

4.4.8.3 The current financial situation of the teenage mother

This subcode contains data pertaining *the current financial difficulties the teenage mother in the southern Hho-Hho region of Swaziland has experienced that may have developed since becoming and being a teenage mother* (Hawkins 1988:255).

It was clear from the analysed data that the fact that the teenagers became pregnant and have had a child for whom they needed to care for in future, have had a negative impact on the financial resources of the family.

> *My mother had to find odd jobs to help with the finances.*
>
> *My biggest problem is where to get money to cope. I have to struggle for the child's survival and my own. I need money the most.*
>
> *I do odd jobs. Anything I can find.*
>
> *The money is too limited. It only provides for basic needs and some clothes*

4.4.8.4 Expected future financial problems

This subcode contains data pertaining *the future financial difficulties the teenage mother in the southern Hho-Hho region of Swaziland is expecting to experience that could be contributed to the her becoming and being a teenage mother and the plans she might have made to improve her financial situation* (Hawkins 1988:255).

It was clear that the teenage mothers were definitely aware of the problems their situation has caused the family and have at least thought about ways and means to elevate the situation. These plans might not help their immediate financial problems. Some of the

teenage mothers were of the opinion that a marriage might solve their financial predicament. Others were of the opinion that a better education for themselves and their off-spring might improve their financial situation in future although they were not so sure how they would get there. Here are quotation of six of the participants to demonstrate this.

> *... .and the worry, how to support the child. Life is a struggle.*
>
> *I don't even want to think about my child' future, it breaks me.*
>
> *You need a man for support when raising a child. My hope for my future is to get married.*
>
> *I hope to find income to start a vending job, then I can be a hawker later on ...*
>
> *... and to educate her [my baby].*
>
> *I have no goals in life only to have money.*

It is clear from the findings of this research that poverty with its associated powerlessness and other effects could have contributed to teenage pregnancy but also could have aggravated their current financial positions. Pregnancy and the subsequent motherhood coupled with poverty negatively affected their lives. In some cases such as in the case of the more traditional section of the communities the teenage mothers were disappointed with the study of adult women they now obtained by becoming teenage mothers, as this also did not bring them happiness. Pregnancy and teenage motherhood also affected their future prospects, as it was difficult for them to return to school. This is in line with the findings of other researchers such as Turner et al (2000:744) who found that the women who were pregnant as teenagers came disproportionally from lower socio-economic backgrounds, with whatever implications that fact might have for health, well-being and life chances.

Lesser and Escoto-Lloyd (1999:290) also concluded that poverty is one of the major causes of teenage pregnancy and motherhood. The combination of low socio-economic status, poor academic achievement, lack of available jobs, and resultant feelings of low self-worth may lead to pregnancy as the only reasonable alternative.

When teenagers are not afforded necessary educational and vocational resources, they may judge the consequences of unprotected sexual activity to be unimportant relative to its immediate benefits as an affirmation of adulthood. The research findings suggest that for some teenage mothers, parenting represented a hope for achieving the respect that has been missing in their past, a past in which they have felt socially devalued.

In a study done by East and Jacobson (2000:255) it was found that the average annual income of the family of the pregnant and mothering teenager is considerable less than the families of the never pregnant teenagers.

In the study done by BattleSmith (2000:35) on the other hand it was found that the socio-economic outcomes of early childbearing are less negative than previously thought. It was concluded that woman were only slightly worse off by having a baby as teenagers and that deferring parenthood would not greatly improve their job prospects or their future economic circumstances in any case.

Early parenthood is often deeply embedded in the context of these young mothers' lives, and impoverished youth who are failing school therefore need a positive vision for their future as well as educational and vocational resources if pregnancies are to be delayed until adulthood.

4.4.9 Educational problems

This code contains data pertaining *the educational difficulties the teenage mother in the southern Hho-Hho region of Swaziland has experienced that may have developed through her becoming and being a teenage mother, such as training and instructional problems which were designed to equip her with knowledge and skills and the development of mental powers that would shape her character and future* (Hawkins 1988:257).

The following subcodes could be identified related to educational problems during the analysis of the data:

- ✦ interrupted schooling
- ✦ information obtained in school
- ✦ teachers' attitudes

- students' attitudes
- general atmosphere in school
- sexual behaviour of students
- sport and recreation
- future educational plans

See figure 4.11 for the visual presentation of the codes and subcodes identified which could be considered as educational problems

4.4.9.1 Interrupted schooling

This subcode contains data pertaining *the educational difficulties the teenage mother in the southern Hho-Hho region of Swaziland has experienced that is the result of her becoming and being a teenage mother which involves a break in the continuity of training and education in the school* (Hawkins 1988:424).

It was clear from the analysed data that once students became pregnant they were expected to leave school. According to the participants some students return to school after the birth of the baby but they usually had to change schools. This change in their schooling also impacted on them emotionally as this seemed to be very stressful for them, socially because they needed to make new friends, financially because they were often only accepted in a private school and educationally as they were at least a year after their school friends and often did not return to school at all.

> *No, you usually do not go [back] to school or rather change schools.*
>
> *My life has changed when I dropped out of school.*
>
> *I was afraid to leave school. ...I had no money for school fees.*

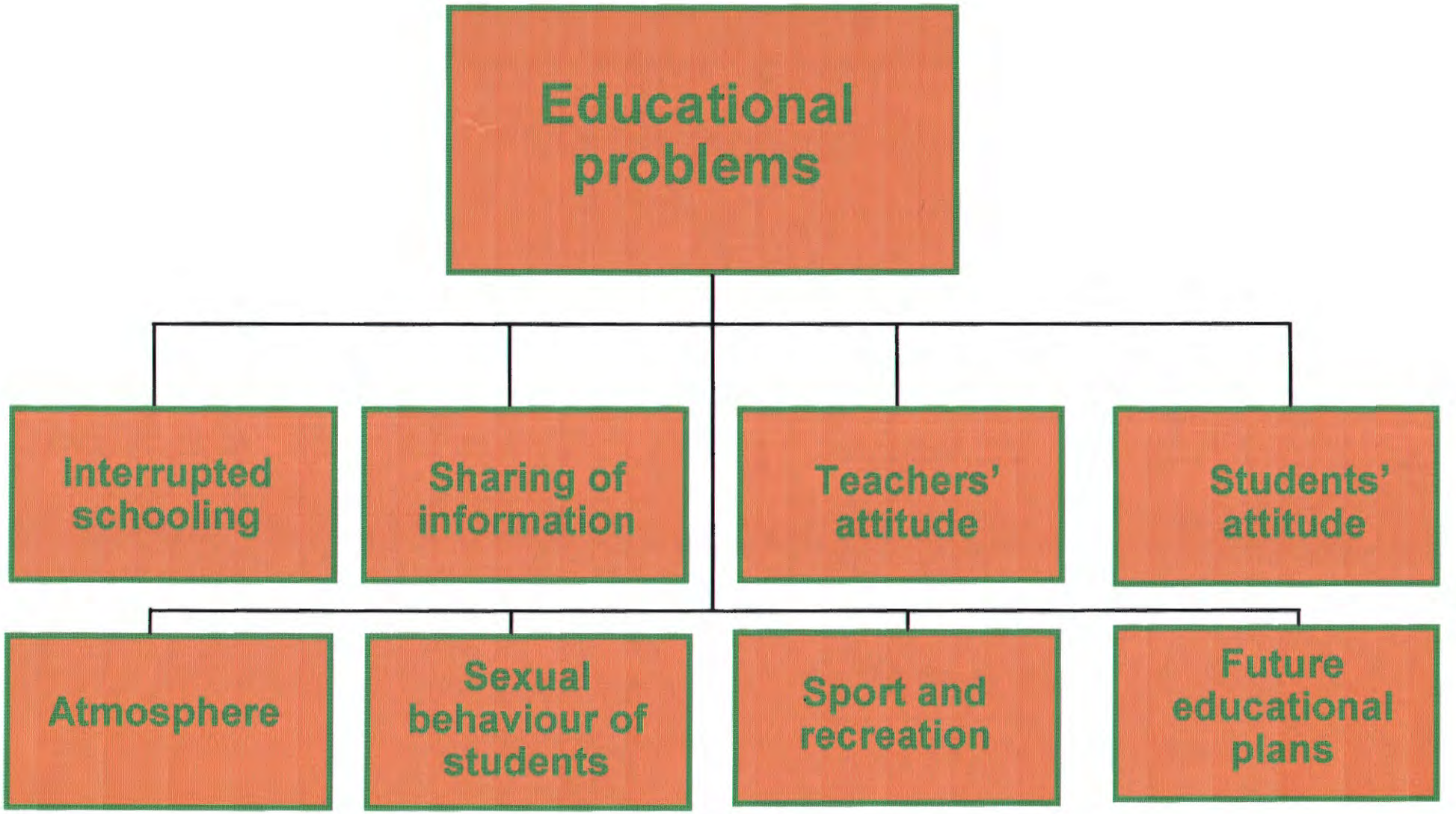

Figure 4.11
Visual presentation of the code and subcodes related to educational problems obtained from the in-depth individual interviews

The fact that the teenage mothers had to leave school and might not return to complete their schooling could aggravate the fate of the teenage mothers and their infants, in that it can become a vicious circle of poverty, poor education, poor future prospects.

This is in line with the research done by Brown et al (1998:566) where they concluded that teenage mothers attained less education and therefore poorer paying jobs than their peers.

4.4.9.2 Information conveyed to learners in school

This subcode contains data pertaining *the educational difficulties the teenage mother in the southern Hho-Hho region of Swaziland has experienced that is the result of her becoming and being a teenage mother which involves the formal and informal knowledge obtained on aspects which could have changed her life* (Hawkins 1988:416).

A school is a place where learners not only should obtain formal education which prepared them for their future as adults, but it is also an institution where learners should obtain informal information and were taught life skills from the teachers and from their friends which helped them to cope in life, and make informed decisions.

The teenage mothers indicated that they did not receive any relevant information such as on sexual matters from their teachers which could help them to develop life skills or prepare them to become responsible adults. Three quotations of three participants illustrates this lack of information at school as follows:

> *Teachers did not tell us anything. We were never educated about sexual matters at school by the teachers . It is forbidden to discuss it.*
>
> *I gained experience on my own.*
>
> *I heard about sex from my friends.*

The teenage mothers therefore did not obtain any education on sexual matters from their parents or other adults or from their teachers. They clearly obtained romanticized information from their friends and television, which were not realistic or did not prepare them for the responsibilities associated with a sexual relationship. Only one teenage

mother made reference to an official programme offered at school to educate students on sexual matters.

The teenage mothers indicated that they would have preferred to obtain information from their parents but also felt that the teachers could also inform them on sexual matters. This is in line with research done by Nxumal (1997) where the participants indicated that they were in favour of the introduction of sexuality education into traditionally African Schools.

4.4.9.3 Teachers' attitudes

This code contains data pertaining *the educational difficulties the teenage mother in the southern Hho-Hho region of Swaziland has experienced that is the result of her becoming and being a teenage mother which could be reinforced by the attitude of the teachers* (Hawkins 1988:47).

It was clear that the teenagers felt that the teachers were not approachable for any problems. According to the participants teachers were of the opinion that the learners were in school to learn and that they (the teenage mothers) could not expect or rely on the teachers for any support, guidance, counselling or sympathy from the teachers, before or after they have become pregnant.

> *You cannot ask them anything. They will not help you ... Teachers tell us to do our school work.*

Once a pregnancy has been confirmed they could not expect any sympathy, support or help from the teachers either as verbalised by the following three participants.

> *... I then admitted and [I was] ordered to pack and leave for good.*
>
> *They throw pregnant girls out of school, despise them. They scold you and expel you.*
>
> *The teacher gossiped and wondered who has made me pregnant.*

The findings of this research indicated that the teachers only conveyed information on subject matter and motivated the student to study. Any other matter such as teaching life

skill and educating students to cope in life was according to the participants of no interest to the teachers. The teachers therefore seemed to fail in their task of holistically educating the future leaders of the country. This was confirmed in the research done by Nxumal (1997) in which it was found that guidance and support for teenagers in traditionally African school is urgently needed.

4.4.9.4 Student's attitude

This subcode contains data pertaining *the educational difficulties the teenage mother in the southern Hho-Hho region of Swaziland has experienced that is the result of her becoming and being a teenage mother which could be reinforced by her own as well as the attitudes of the other learners in school* (Hawkins 1988:47).

The teenage mothers indicated that although the boys were sexually active and have sex with the school girls on the school premises they were the first to demand that pregnant girls should not be allowed in the school.

> *Yes, [school] children are sexually active, they brag about it ...*
>
> *We used to do it [when the other children were involved in sport activities] and we then came out from different directions after we have checked that nobody was around.*
>
> *They [the boys] complain to the teacher. ... they say the girls make them sleep with them in class.*
>
> *The boys do not like pregnant girls at school ... they want them to be sent home.*

This finding is in line with the findings of a study done by Masuku (1998:38) where it was found that the perception and attitudes of the teenage mothers' peers at school contributed to their decision to drop out of school. It was also concluded that unless this kind of attitude is addressed and changed to one that is both responsible and supportive, pregnant girls will continue to drop out of school at the expense of their careers.

4.4.9.5 General atmosphere in school

This subcode contains data pertaining *the educational difficulties the teenage mother in the southern Hho-Hho region of Swaziland has experienced that is the result of her becoming and being a teenage mother which refers to the general atmosphere which prevailed in the school which influenced the learning that should have taken place in the school* (Hawkins 1988:46).

Some of the teenage mothers indicated that all they really liked about school was their school uniforms. The teenage mothers who indicated that they were above average students indicated that they liked certain subjects such as English. The teenage mothers generally described a strained atmosphere which prevailed in school as a result of corporal punishment and the fear they felt for their teachers.

> *I had to learn but I never liked the teachers who gives corporal punishment. I sometimes did not go to school. When I did not write my homework they beat us.*
>
> *I have social problems, I hate school.*
>
> *They beat us if you get low marks and I hate it.*

The fear of the fact that the teenage mother was pregnant aggravated the stress and fear and this atmosphere was therefore not conducive for learning to take place.

> *When I fell pregnant I could not concentrate. I was scared to be discovered that I'm pregnant and that affected my school work.*

Teachers can make a difference in the atmosphere of the school. They should not only be individuals who share formal information and punish the students. They should be more involved in the holistic education of the students to facilitate the development of the teenagers into well balanced responsible adults.

4.4.9.6 Sexual behaviour of students

This subcode contains data pertaining *the educational difficulties the teenage mother in the southern Hho-Hho region of Swaziland has experienced that is the result of her becoming and being a teenage mother which involves the sexual activities which took place within the school premises which could influence the learning that take place in the school* (Hawkins 1988:477).

The analysed data indicated that sexual matters were paramount in the minds of this group of teenage mothers at school. They indicated that their friends were not much different, as illustrated by the verbal comments of two of the participants.

> *Most school children talk about sex. Most children experiment with sex at school.*
>
> *I don't' know whether my friends have sex, but some do.*

Normally teachers are aware of the sexual feeling of adolescence and divert their attention to other activities such as sports and planned recreation. With the necessary discipline and strict supervision students will not wander off to secret places to have sex where these activities are made enjoyable for the students and are closely monitored by the teachers.

4.4.9.7 Sport and recreation

This subcode contains data pertaining *the educational difficulties the teenage mother in the southern Hho-Hho region of Swaziland has experienced that is the result of her becoming and being a teenage mother which involves the involvement in ahtletic group activities and events which is meant for relaxation and spends of spare time* (Hawkins 1988:786, 675).

The analysed data described a picture of inactive teenagers with over active imaginations and romantic minds. The majority of the teenage mothers and their friends never actively took part in sports or organised recreation. None of them had a hobby or read books or newspapers in their spare time. They used their spare time to go to football games and

discos where they could meet and socialise with their friends and boys and talk about love and sex.

> *I do not have any hobbies. I look at football games, go to discos, sports.*
>
> *I enjoy romantic songs and exciting stories about love and sex.*

Time used by some people to take part in sports after school were used by some of the participants of this research to have sex with boys.

> *It was just after school [when we had sex] but the other children were playing sports. We had our secret place in the bush.*

4.4.9.8 Future educational plans

This subcode contains data pertaining *the educational difficulties the teenage mother in the southern Hho-Hho region of Swaziland has experienced that is the result of her becoming and being a teenage mother which involves the educational and training plans she may have for herself and that of her child* (Hawkins 1988:326).

Although the teenage mothers indicated previously that education and schooling were not so important for them before they became teenage mothers, they seemed to think differently after the birth of their babies. They indicated that they would have liked to continue their education but did not seem too hopeful that will be possible, as the fact that they are mothers now and that their financial position has not improved prevents them of continuing their education.

> *All the girls feel that marriage is all they can look forward to in life since they are all having children and there is no profession for them.*
>
> *I wish I could finish school. I want would like to go to college and have a profession.*
>
> *I still don't have money to learn.*

They also indicated that they, after the birth of their babies, realised that education is

important and indicated that they would like to give their children a good education.

[I would like my child to have an] university education.

It was clear from the data obtained during the interviews that the majority of the teenage mothers did not like school too much, the thing they liked the most was the school uniforms, that the atmosphere at the school was not necessarily very friendly towards teenage mother but that they were now after the birth of their babies committed to complete their schooling, go to university or find a job. This is consistent with other research findings were it was clear that teenage mothers have developed a greater sense of responsibility, had matured faster and that they wanted to go to school even more than before (Lesser & Escoto-Lloyd 1999:292).

It is possible for teenage mothers who had to interrupt their formal education and training to make a success of life. Many young mothers function productively despite their obstacles (Brown et al 1998:566). On the other hand it was also found in a study done by Mogotlane (1993:12) that the teenage girls who tend to fall pregnant are often those who were slow at school in any case. In this study it was found that eleven of the forty-six girls who were interviewed were aged 17, 18 and 19 in standard 7 (where they usually are about 15 years of age).

The teenage mothers of the southern Hho-Hho region of Swaziland were not too old for their standards at school. All they need to progress in their education and future is the motivation, support and guidance of their families and school. Unfortunately poverty often seems to influence the ability of these teenagers to realise their aspirations (Carey et al 1998:359).

4.4.10 Support systems

This subcode contains data pertaining *the support the teenage mother could rely on from other individuals and institutions or which she made use of when becoming and being a teenage mother* (Hawkins 1988:822).

The following subcodes could be identified related to support systems during the analysis

of the data:

- support received from the health personnel and health services
- support received from other relatives
- support received from the partner
- support received from friends
- support received from the mother of the teenage mother

See figure 4.12 for the visual presentation of the code and subcodes which could be considered as support systems

4.4.10.1 Support received from the health team and health services

This subcode contains data pertaining *the support the teenage mother in the southern Hho-Hho region of Swaziland has received or made use of from the health personnel and health services* (Hawkins 1988: 822, 741).

The participants indicated that the nurses mostly delivered their babies except where they needed a Cesarian Section. The majority of the participant experienced the nurses as unsympathetic, rude and even aggressive. The participant also indicated that the nurses in the hospital gave them information, but that the nursing personnel in the clinics did not give them the information and guidance they wanted.

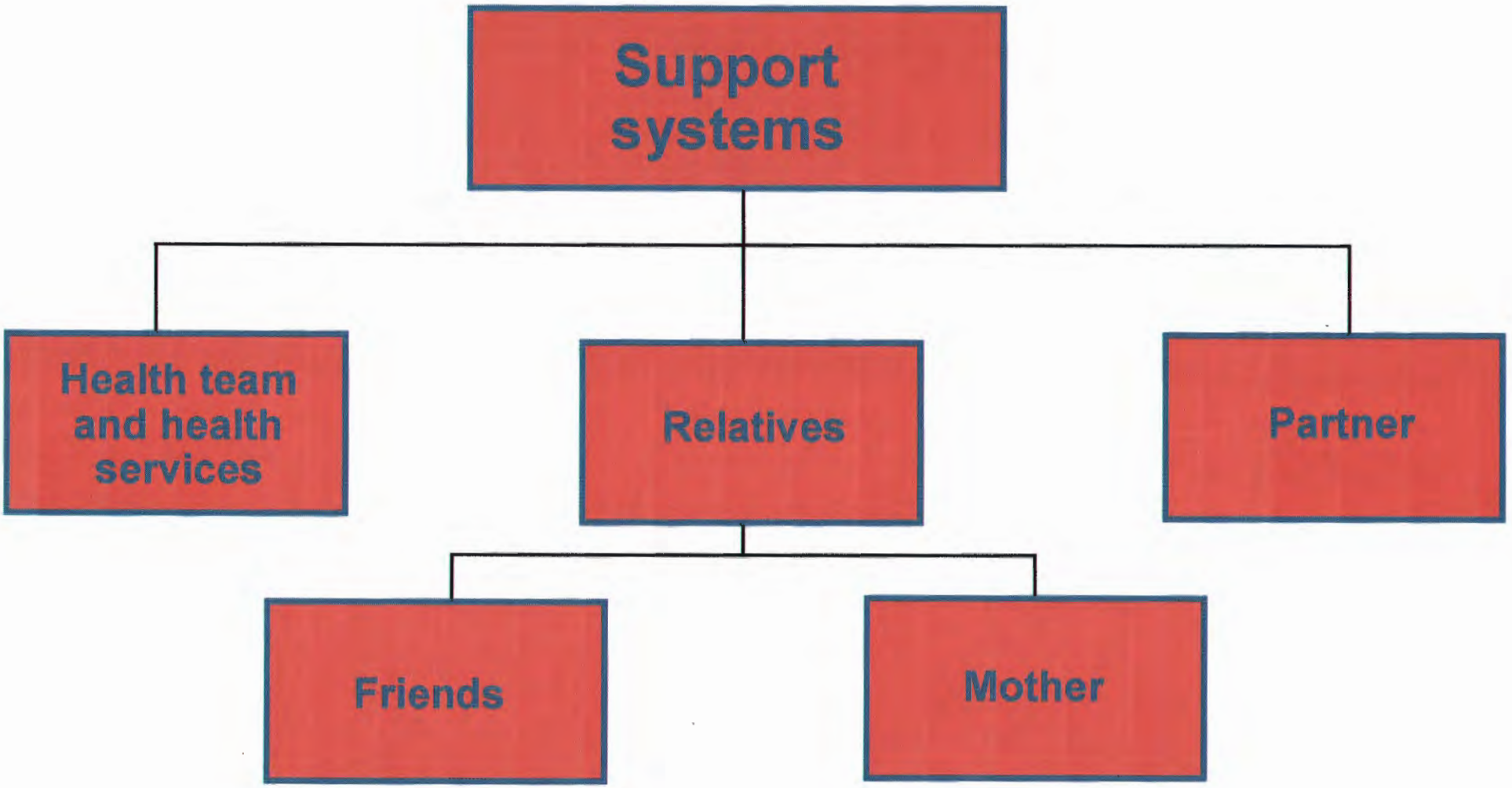

Figure 4.12
Visual presentation of the code and subcodes related to support systems obtained from the in-depth individual interviews

Nurses who worked in community-based and school-based clinics were in a key position to assess the need for health promotion services in pregnant teenagers and teenage mothers and to provide these youth with appropriate interventions or referrals to suitable sources. Successful interventions for teenage mothers must be grounded in these young mother's realities so that their hopes and dreams both for themselves and for their children can motivate them to engage in health promotion behaviours (Lesser & Escoto-Lloyd 1999: 289). The nurses therefore have an important role to play if they plan to make a difference in the lives of these teenage mothers.

> *They seem to be aggressive, it seems I was making them to be angry ...*
>
> *The nurses were rude.*
>
> *... some told me that I have chosen hardship at any age I have to face it*
> *[they expected me to] cooperate as a grown woman.*
>
> *When I was in hospital, yes, the nurses gave me information.*

None of the participants mentioned the services or support from other members of the multidisciplinary team such as a social worker. The support they received from the health personnel and health services were only informative covering their physical condition.

4.4.10.2 Support received from other relatives

This subcode contains data pertaining *the support the teenage mother in the southern Hho-Hho region of Swaziland has received or made use of from other relatives such as the grandmother* (Hawkins 1988: 822, 288).

Some of the participants indicated that they have received support from other relatives such as their grandmothers where the mother or parents of the teenage mother could not or would not care for them. The support they received were in the form of information, acceptance, care for themselves and their babies, food clothing, but felt that it would have been better to have had the support of parents.

I told my grandmother, who then told my mother [that I was pregnant].

I have left my baby at home with my grandma for I had to look for work.

Grandma looks after the baby.

It is better to have parents to stay with.

4.4.10.3 Support received from the partner

This subcode contains data pertaining *the support the teenage mother in the southern Hho-Hho region of Swaziland has received or made use of from the father of the baby* (Hawkins 1988:822, 290).

It was clear that the teenage mothers could not rely on much support from the fathers of their children.

No, I do not see him often.

He does not visit the baby. He does care I think, a little. I think he is afraid of the commitment.

... he buys milk and few clothes for the child, now and then.

As indicated previously the partners did not want to recognise the babies as theirs and also did not contribute financially for the care and upbringing of their children. The teenage mothers of this study therefore did not receive financial, practical or psychological support from their partners worth mentioning, although they would have like it to be different. They indicated that they were not really surprised when the support was not forthcoming. The partners were therefore not a source for support. In the research done by Lesser and Escoto-Lloyd (1999:296) it was found that teenage mothers valued their partners as an important source of support. Support from their partners would at least have meant a lot for the teenage mothers of the Hho-Hho region emotionally.

4.4.10.4 Support received from friends

This subcode contains data pertaining *the support the teenage mother in the southern Hho-Hho region of Swaziland has received or made use of from friends* (Hawkins 1988: 822, 596).

It was clear from the findings that the peers of the teenage mother was not a support system they could rely on, particularly after the birth of the baby. Before the pregnancy the friends were a source of information, but as indicated previously often it was incorrect information they received. The group of friends were also important for them to socialise with, but this group disintegrated after the pregnancy and birth of the baby.

> *I have social problems now, (that) I am now an outcast from my friends. Some friends sympathised, some kept their distance when they realised I was pregnant.*
>
> *I cannot have any friends they dispised me.*

4.4.10.5 Support received from the mother of the teenage mother

This subcode contains data pertaining *the support the teenage mother in the southern Hho-Hho region of Swaziland has received or made use of from her mother* (Hawkins 1988:822, 288).

Although the participants demonstrated rebelliousness and often aggression towards their mothers because they blamed their mothers for not giving them sex information which they believed would have prevented them of becoming pregnant, they had to turn to their mothers for support. Even the mothers who were furious and disappointed about the events calmed down after a while and had to support their daughters and care for the infants. Lesser and Escoto-Lloyd (1999:296) also found that pregnant and parenting teenagers often have conflict with their parents, but it is often the only people they can turn to in their time of need.

It was clear from the analysed data that the support received from the significant others

of the teenage mother was mostly practical in nature, such as the care of the baby, financial and other contributions. The teenage mother still seemed to feel alienated as they felt that nobody really understood what they were going through, and their peers who were of the same age and development stage and who would understand them the best, have ignored them after the pregnancies. Formal support from the multidisciplinary team were non-existent. Nxumal (1997) also found that teenage mothers lacked social and psychological support.

4.5 SUMMARY

As the teenage mothers could express their thoughts about their problems it seem to have had a therapeutic effect as they reported that they felt validated and important to be part of the research project.

The teenage mothers in this study indicated that they did not feel that the interviews were intrusive although some mentioned that the interview took too much of their time.

It is clear from the analysed findings that other individuals cannot begin to imagine how difficult the life of a teenage mother could be and although the teenage mothers have earned adulthood status in the eyes of the community by becoming teenage mothers that this did not made them happy. They seemed in fact all very unhappy individuals.

All they really wanted was their previous lives back. Although they clearly did not previously appreciate being teenagers and wanted to have a taste of adulthood they now wished they could have their simple and uncomplicated lives back, to hang out with their friends and go to school.

Specific characteristics of the young mother's social situation were associated with their potential for continuous sexual risk behaviour. These factors included the absence of a consistent male partner since the infant's birth, their perceived and real powerlessness to negotiate condom use with older male sex partners, the cultural taboos against using condoms in primary relationships and the image that women as subservient to men. This is also in line with the research done by Brown et al (1998:567).

The problems teenage mothers in the southern Hho-Hho region of Swaziland have experienced could have stemmed from poverty, the powerlessness caused by poverty and caused by their cultural status as women in society. The fact that they are young mothers now did not bring the solutions they might have hoped for but rather aggravated their poverty, powerlessness and hopelessness.

The findings of this research is also in line with the research done by Williams and Mavundla (1999:62). The teenage mothers who took part in the research indicated that they thought that teenage motherhood is a problem because of the following reasons:

- Financial inconvenience it caused their parents.
- The fact that the partners of the teenage mothers do not pay *labola*, or does not support the child and or denies the child.
- The fact that teenage mothers are too young to bring up babies, and that their mothers and grandmothers take over this task and that they then distance themselves of the caring of the child.
- The fact that their schooling is delayed, or discontinued.
- The fact that motherhood affected their socio-economic status.
- The nonacceptance of the pregnant teenager by her parents.
- Their inability to clothe and feed the baby with the concomitant results.
- Less opportunity for the teenage mothers for good paying jobs.
- That teenage pregnancy leads a cycle of poverty for the less privileged girls.

CHAPTER 5

SUMMARY OF THE RESEARCH, CONCLUSIONS, RECOMMENDATIONS AND LIMITATIONS

5.1 INTRODUCTION

In the previous chapter the data analysis of the naive sketches and in-depth individual interviews of the teenage mothers in the southern Hho-Hho region of Swaziland was discussed. A literature control was done by comparing the findings to the findings of previous research in this field and similarities and differences were highlighted.

This is the final chapter of this report and it includes a summary of the research, the conclusions and the recommendations made for the improvement for the health services to support the teenage mothers in the southern Hho-Hho region of Swaziland and for further research in this field. The limitations identified during the research project are also discussed.

5.2 SUMMARY OF THE RESEARCH

In this research an investigation was done into the problems of the teenage mother in the southern Hho-Hho region of Swaziland. A summary of the background of the study, research design and findings of the research was given.

5.2.1 Background of the research and literature study

According to the Motherhood Audited Report (1997) twelve (12) of the 6 756 deliveries done at health services in the Hho-Hho region during 1996 was of teenage girls between the ages of 10-14 year; and 1 520 were teenagers of 15-19 years of age, which comprises 1,9 percent and 22,5 percent respectively of all the deliveries.

By studying the literature it could be established that a number of authors, including for example Barrat (1991:442;1993:555), Van Driel (1994:203), Edelman and Mandle (1998:552), Boult and Cunningham (1992b:159) Stevens-Simon and McAnarney (1993:428), were of the opinion that teenage mothers are not prepared for the responsibilities of raising a child, or are not physically, socially, culturally, emotionally (psychologically), spiritually, economically and educationally ready or becoming and being a teenage mother therefore encounter problems which they often cannot cope with and which influence their future and that of their offspring.

Teenage mothers are the future mothers of a country and it is therefore important that attempts should be made to break the vicious circle of early motherhood, poor education and poverty. It has been stated that knowledge of the problems as experienced by the teenage mothers in the southern Hho-Hho region of Swaziland is necessary before any recommendations could be made to improve the health services or other support systems to deal with the unique problems of the teenager mothers.

5.2.2 Objectives of the research

The objectives of this research were to:

- explore and describe the physical, social, cultural, emotional (psychological), spiritual, economical and educational problems as experienced by the teenage mother in the southern Hho-Hho region of Swaziland

- explore and described the support systems the teenage mother made use of in the southern Hho-Hho region of Swaziland.
- make recommendations to meet the needs derived from the problems of the teenage mothers in the southern Hho-Hho region of Swaziland
- make recommendations for further research in this field

5.2.3 Research design and Method

Permission for the study was obtained from the Ministry of Health, Swaziland Government, authorities at the Hho-Hho regional health office and Mbabane public health staff.

As this research investigated the problems experienced by teenage mothers on a daily basis it could only be done within the qualitative paradigm as it is a way to gain insights through discovering meaning, exploring the depth, richness and complexity inherent in the phenomenon. This view of the researcher is consistent with Burns and Grove (1993:61).

This research was:

- descriptive as a detailed picture of the problems of the teenage mother as experienced by themselves could be described
- explorative as it explored the problems of the teenage mother which is a relative unknown phenomenon in the southern Hho-Hho region of Swaziland
- contextual study as it was executed within the context of teenage motherhood in the southern Hho-Hho region of Swaziland

The selection criteria for inclusion in the sample was that the participants:

- Had to be females between the ages 10 and 19 years
- Had to have at least one child

- Had to be single
- Had to be willing to take part in the research
- Had to reside in the southern Hho-Hho region of Swaziland

The researcher consciously selected respondents for these attributes. It was therefore a purposeful sample for the naive sketches and in-depth individual interviews.

Initially eight teenage mothers were selected to take part in a focus group discussion, but the focus group could not be conducted because of the reservations of the teenagers on the use of the tape recorder. The teenagers offered to write "essays" (naive sketches) on their experiences as mothers, as they wanted to share their experiences with someone. Another two participants offered to write essays on their experiences, therefore ten participants wrote naive sketches. The naive sketches were written in Swati and translated by the researcher into English. During the analysis of the naive sketches the researcher found that many of the participants as a result of their interrupted schooling and the resulting poor writing skills were not able to give an holistic and in-depth picture of the problems they as teenage mothers experienced. They only wrote down the most pressing problems they experienced. This in itself was valuable for the research.

In-depth individual interviews were conducted to provide a more in-depth knowledge of the problems experienced by the teenage mothers. It also allowed the teenage mothers to share information without restriction such as literacy problems, and to enable the researcher to prompt the teenage mother to elaborate on certain aspects which might not have been clear and to attempt to understand the problems experienced by the teenage mother more holistically. It therefore enabled the researcher to obtain an in-depth, dense description and understanding of the participant's world (Babbie et al 2001: 287).

An interview schedule was used to allow the participants to answer without

interference or pre-conceived ideas of the researcher and only contained the following broad questions that were pertinent to the research problem:

- What physical health problems have you experienced as a teenage mother?
- What social problems have you experienced as a teenage mother?
- What cultural problems have you experienced as a teenage mother?
- What emotional problems have you experienced as a teenage mother?
- What spiritual problems have you experienced as a teenage mother?
- What economical problems have you experienced as a teenage mother?
- What educational problems have you experienced as a teenage mother?
- What support systems have you made use of as teenage mother?

As the Theory of Nursing for the Whole Person was used as the conceptual framework for the study the dimension described in this theory provided the basis for interview schedule (Oral Roberts University, Anna Vaugh School of Nursing 1990:16) The researcher attempted in this way to study the problems of the teenage mother in the southern Hho-Hho region of Swaziland holistically.

Written consent was obtained from the participants after they were informed of their rights. The interviews were conducted in Swati, their responses recorded by a tape recorder, transcribed and then translated into English.

5.2.4 Analysis of the data

The analysis of the naive sketches was done by using the Tech method and the in-depth individual interviews using the QRS NUD*Ist computer programme, by allocating a single code per theme, such as "physical" and sub-codes such as "physical health during pregnancy". The analysis and interpretation meant the putting of the responses obtained of all the respondents together under each of these categories (codes). This process continued until all the data were dealt with and when nothing new was learned the researcher decided that saturation was

reached and the process was completed.

Data was compared, patterns and themes were identified, and negative cases were identified. The truth value of the research was obtained by checking the results of the research with the participants and persons who were familiar with the problems of teenage mothers in the Hho-Hho region of Swaziland. The truth value was established as these individuals agreed that they recognised the description of the problems experienced by the teenage mothers as outlined by the researcher.

The researcher is of the opinion that consistence in the research findings was possible as the same findings would be found if the study was to be replicated with the same respondents and in a similar context. The researcher interviewed fourteen mothers but only analysed eight interviews as they all generated the same findings.

Although objectivity in qualitative research cannot be ensured the researcher took steps to ensure neutrality and increase the worth of the research findings, such as the creation of an atmosphere which was conducive for the sharing of personal information, data were obtained from in-depth interviews as well as naive sketches; the findings were evaluated by the participants and experts in the field and the truth value and applicability of the findings was an indication that neutrality was achieved.

5.2.5 Discussion of the findings

The findings revealed the following:

- Naive sketches

The teenage mothers who wrote the *naive sketches* were between 13 and 19 years old. The majority were still at school when they became pregnant. The teenage mothers who were at school had to leave their school after their pregnancy was confirmed.

The men who fathered the babies of the teenage mothers were much older than themselves and were either employed in a part time or full time post, but also did not finish their schooling. The family of the teenage mother's knew her partner.

One of the biggest problems identified in the naive sketches were the ignorance of the teenage mothers of matters which could have prevented the pregnancy as well as the lack support in the form of reliable sources of information and the emotional problems it caused.

Economic problems also occurred and were aggravated by their motherhood status. The teenage mother again could not rely on financial support from the partner or from other sources and the mother of the teenage mother had to compensate by caring for the teenage mother and her off-spring.

The education of the teenage mothers was affected as they had to leave school during the latter years of primary school or during the first years of secondary school as soon as the pregnancies were confirmed. They all expressed the wish to complete their schooling as soon as possible and some of the participants indicated that it will be possible with the support of their parents.

The teenage mothers indicated that they experienced social problems as their relationships with their families, neighbours, friends and boyfriends were affected.

They could not rely on any support from their social contacts such as their friends as they lost their standing in these social groups. They could only rely on their parents who had to support them as they had to accept the reality.

All of the abovementioned dimensions also impacted on the emotions of the teenage mothers as they indicated that they experienced the pregnancy and motherhood negatively as it caused humiliation, loneliness, despair and fear. The fact that they were not accepted by community, could not rely on the support of their friends

seemed to have made them lonely which must be very difficult for a teenager to tolerate, as acceptance by their peers is of utmost importance to them.

The teenage mothers who wrote the naive sketches indicated that the only support of value they received came from their mothers and families. This support included practical help with the care of the baby, financial support , emotional support and information. None of the teenage mothers mentioned any formal support received from informed individuals of government or community institutions. The support they received from their families were mostly too late to prevent motherhood of occurring and was also not too such an extent that it would empower them with knowledge and skills they needed to break the cycle of powerlessness, ignorance, poor education and repeated motherhood.

- In-depth individual interviews

As *interviews* were conducted with the second group of participants the problems they as teenage mothers in the southern Hho-Hho region of Swaziland experienced could be studied in-depth.

The teenage mothers who took part in the in-depth individual interviews were between 13 and 19 years of age. Most of them were still at school when they became pregnant. They had their first menses at the age of 11 years and had their fist sexual experience between the ages of 11 and 14 years. They were on average two year sexually active before they became pregnant. They generally had more than one sexual partner but did not give the possibility of contracting HIV/AIDS a second thought. They were terrified of another pregnancy although they did not use a contraceptive method responsibly.

The findings of the interviews indicated that the teenage mothers experienced problems in almost all the dimensions of a holistic human being, but the lack of support from the family, friends, partners, members of the community, members of

the congregation of their churches, nurses and teachers caused and aggravated most of their problems. These individuals and institutions should have taken the necessary steps to support the teenagers in general to prevent unplanned pregnancies by empowering them with the necessary knowledge and skills. Ignorance coupled with cultural taboos caused unnecessary heartache to these young individuals. The teenage mothers continuously referred in their interviews to the lack of support they experienced during the pregnancy and after the birth of their infants. This caused immense emotional problems for the teenage mothers and left them feeling devastated, fearful, lonely, humiliated, frustrated and unhappy.
The expectations for their own futures and that of their babies were negatively affected as their paths back into the educational main stream was full of obstacles as they could not rely on the support of the teachers to complete their education. As the self-esteem was also affected they lost faith in their own abilities to complete their education and find a good paying job. It is ultimately good education they need to change their lives around, but it was more difficult for them as they were not accepted by their peers or the teachers at school and have the extra burden of caring for their off-spring.

The teenage mothers also experienced social problems which must have contributed to the feeling of alienation. They hoped that their new found status as adults in the community would make them happy, but unfortunately it did not. They now had to mix with older members of the community which also contributed to the feeling that motherhood has caused them to be old before their time. They did not really fit comfortably into any group in the community. They did not have any real interest in the older woman, and were no longer accepted into their old peer group or cultural maiden group. They were not hopeful that they would be able to find a good husband as they have the burden of their children. The teenage mothers indicated that men generally wanted the privilege of pre-martial sex without the responsibility of the possible consequences of this act, but would at the same time like to choose a maiden at the reed dance (marry a virgin). Society and their culture gave men a higher status than women in the community and left women mostly

feeling powerless and frustrated as they could not change their situation and the treatment they received from men in general.

The teenage mothers were from generally poor families, but the motherhood status aggravated their financial problems. Most of the teenage mothers indicated that they were of the opinion that their poor financial status was their biggest problem and that more money might take all their problems away. This is how many people feel but it is however not so simple. For the more traditional families finances seemed less of a problem as they were used to cope with the adversities of life. The families who were in a transitional stage to a more Westernised way of life were emotionally hard hit by the motherhood of the teenagers, as they had hopes for a better future for their children. These teenage mothers were also the individuals who verbalised and demonstrated a feeling of rebelliousness and frustration. This could be seen as a positive characteristic as it could be a sign of resilience which might help them to bounce back. With the correct guidance of a caring and knowledgeable professional these positive characteristics could be relayed into measures and steps to improve the future prospects of the teenage mothers and their off-spring.

The teenage mothers seemed to have experienced less problems in the spiritual domain. Some teenagers, particularly the group who can be considered to be more Westernised felt guilty because they have let their parents down. The feeling that they were not accepted by members of the community, that people gossiped about them also caused them not to attend meetings in church and discontinued their previous involvement in the activities of their churches. They knew that the church does not condone pre-martial sex and they therefore did not have the confidence to be seen at church gatherings. Their low self-esteem also made them think that they have sinned and that forgiveness therefore could not be expected. They also have lost their faith in God as they have in the people they wanted to rely on but could not or would not support them.

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5.3 CONCLUSIONS

The biggest problem the teenage mothers of the southern Hho-HHo region of Swaziland experienced in becoming and being teenage mothers is the lack of support from family, peers, partners, other members of the community, nurses and teachers.

The lack of support impacted on their physical, social, cultural, spiritual, economic, educational and emotional dimensions and therefore impeded their development into whole individuals. The lack of support caused them to be ignorant about physical aspect as they did not have knowledge of or understood the meaning of the physical changes which took place during puberty. They were also not empowered with knowledge on how to prevent pregnancies, or to recognise that they were pregnant and therefore did not seek medical help before the third trimester of their pregnancies. Fortunately this did not cause health problems for them or their babies as the majority of the teenagers did not report any serious problems experienced by themselves or their babies during the pregnancies, during the confinement or post partum period.

The lack of support caused social problems in that they were generally rejected by their families, members of the community, their peers, partners, teachers and even nurses. The parents of the more traditional families accepted the situation easier and quicker, but the families who were clearly in a stage of transition towards a Westernised life style took longer and reluctantly accepted the pregnancy and motherhood status of their teenage daughters.

This rejection also caused relationships to sour and impacted emotionally on the teenage mothers as it left them feeling guilty, disgraced, lonely and very unhappy. One of the most important characteristics of teenagers is their strong peer group relationships as it is very important for them to be accepted by their peers. The experience of being rejected by your peers must be even worse for these teenage

mothers as according to them they received their knowledge on sexual matters, even though it was incorrect, from their peers. They were even encouraged by their friends to become sexually active and after the pregnancies were confirmed, they were ultimately rejected by these friends.

The lack of support caused cultural problems because the fact that they were not maidens any more made their prospects to find a suitable husband less favourable. As already mentioned above the fact that they were mothers at a young age earned them an adult status by the more traditional section of the community. This status caused them to feel more alienated as they did not fit comfortably into the adult circles and were not accepted into the teenage circles. The general status of women in their culture also caused them to feel helpless and frustrated as they indicated that the only role women have in their culture is to please men. This feeling of alienation and frustration also impacted on them emotionally even more than it would adults as teenagers are generally very emotional beings. The teenage mothers also have not yet accepted their changed situations or their cultural roles in society, as some projected a feeling of rebelliousness.

The lack of support caused spiritual problems as the teenagers knew what the church's view was on pre-martial sexual relationships were and knew that they would be frowned on. They therefore did not have the confidence to attend any of the activities offered by the church they used to take part in. Their low self esteem and guilt feelings caused them to believe that they will not be accepted back into the congregation which aggravated their feelings of loneliness, unhappiness and even depression. None of the teenage mothers mentioned that a minister, pastor or other officials of their churches visited them in these difficult times to comfort, counsel or support them.

The lack of support caused economic problems for the teenage mothers as not one of them mentioned that they received financial help in the form of subsidies from the government or other official authorities. They also could not rely much on the

financial support from the father of the baby. The parents and mostly their mothers had to carry the financial burden of caring for the teenage mothers and her baby. The teenage mothers were all relatively poor before the pregnancy as their situation was not much different than the rest of the families in the southern Hho-Hho region of Swaziland but they indicated that their new status caused greater financial difficulties for the family. They all believed that more money would make their problems less dire or at least help them to be less dependent of their parents and families.

Many of them felt that poverty is one of the causes of their situation. This feeling has merit as poverty or the low socio-economic status of a community impacts negatively on available facilities for sport and recreation and other resources which could relay the overactive sexual minds of teenagers in a more acceptable avenue. The low socio-economic status of a community or country also causes a shortage of enough or suitable education resources such as books and other teaching material and suitable teaching staff. Other community programmes which should be in place to inform and support teenagers and other community members on life skills will also be lacking as a result of insufficient funds. This also caused a general ignorance about aspects which could have changed the course of their lives. The economic problems impacted emotionally on the teenage mothers as it left them powerless to change their circumstance.

The lack of support caused educational problems as it was clear that they could not rely on the support of the teachers for information on sexual matters, career guidance or counselling for the many questions and problems teenagers generally experience. They were "motivated" by the teachers to learn through punishment when their assignments were not done properly. The teenage mothers did not express much love for the school but did realise the importance of education for their futures.

The rejection by the community as a whole, and the rejection by their peers and

teachers in particular caused problems for their future education as they all had to discontinue their schooling. To return to the school after they have given birth and were ready to return to their studies, meant that they had to attend a new school, make new friends (although they indicated that didn't not happen), were behind their peers and found it difficult to concentrate because of their extra responsibilities and lack of sleep.

The educational system did not empower them with knowledge and life skills and other issues as they all displayed ignorance on various important aspects such as sexual matters.

All the problems experienced in the abovementioned dimensions of the Nursing Theory of the Whole Person also impacted on their emotions. The teenage mothers used words such as fear, despair, devastation, loneliness and so forth to express their feelings. Their non-verbal communication (body language) observed by the researcher was also an indication of how deep they were affected emotionally. The teenager who was raped kept on looking down, talked softly and did not make eye contact. All the teenagers looked unhappy, anxious and frustrated. Some even could be considered depressed. They felt alone in their predicament as they felt that nobody really understood what they were going through and were ignorant on where to obtain help or support from, even if it was available. They felt let down by the very people they trusted. They indicated that they felt that they have already lived a life time through this experience which made them feel tired and much older than their years.

Not one of the teenagers mentioned any support received from any professional, service or someone who could counsel them. Even the legal system let them down as one teenage mother indicated that one cannot rely on the help of the police if you report that you have been raped, as they and nobody else cared.

The lack of support can therefore be seen as the biggest problem the teenage

mothers in the southern Hho-HHo region of Swaziland has experienced. To find solutions to this problem will therefore not be easy as it will imply a commitment of the authorities, a mind shift of professionals and members of the community.

5.4 RECOMMENDATIONS

The solutions to the holistic problems of the teenage mothers cannot be found in the activities by a single individual or service. The solutions can only be found through the coordinated effort of the multi-disciplinary and inter sectoral team.

5.4.1 Recommendations for the improvement of the health care services of the teenage mother.

To be able to improve the health services to cater for the special needs of the teenage mother the following measures are recommended:

- **The role of the government**

The government has the ultimate responsibility of the well being and health of the citizens of the country and should make sure that legislation, policies, services and manpower is in place to render the services they are responsible for.

— *Commitment*

If the government accepts the fact that the teenage mothers and their infants are important for the future of the country the government should express its *commitment* to address the problems of the teenage mothers in the southern Hho-Hho region of Swaziland by drawing up policies to address these problems. The government and authorities should indicate that the education of children are important for the country as a whole and anything in their power should be done to promote the education of the citizens of the country.

— *Finances*

Finances in the form of *subsidies* should be made available to the parents of pupils for their school fees, books and uniforms to ensure that a lack of the necessary finances does not jeopardise a child's' education.

— *Transport*

Affordable and reliable *transport* to and from school should be implemented and can later be outsourced to private companies if the parents can also rely on subsidies for transport from the state.

— *Recreation*

Sport and recreation *facilities* should be created in communities and at schools to keep teenagers occupied and which facilitate normal, healthy relationships between sexes of the same age, rather than with much older or married men.

— *Manpower development*

Manpower development is always the responsibility of a government. Teachers' training should be looked at and further educational programmes should be implemented to empower the teachers with the knowledge and skills to motivate, counsel and guide children. Teachers should receive incentives not only for a good pass rate but for the development of relevant knowledge and skills which would guide pupils of all ages to become well balanced whole persons and well adapted adults.

— *Work ethic of nurses*

The *work ethic* of the nurses should also be looked at and incentives given for

nurses and health services who were able to decrease the teenage pregnancy rate. Nurses should do everything in their power to prevent teenage girls to become pregnant by changing their attitude toward sexually active youngsters and to help them realise that they are embarking into a treaterous field where they are only creating problems for themselves. Special programmes should also be created which would cater for the needs of the teenagers. The government should take the lead in this by training and motivating nurses who will take on this responsibility and by facilitating the formation of Non-governmental organisations who will cater for the needs of the teenagers and teenage mothers.

— *Rendering of services:*

Special programmes should be initiated by the government and the various responsible departments to address the ignorance on sexual matters, HIV/AIDS, pregnant and parenting teenagers and other matters. Individuals could be trained to take the lead in communities, involve the members of the communities and subsequently operate independently from the authorities and by the members of the communities themselves. These programmes should however have the approval and backing of the government and should be closely monitored by the authorities from time to time to ensure that they continue. Without the support of the governments these programmes might not be seen as important by the community and will not be driven successfully, not be accepted or supported by the members of the community. The community should however be involved in all the steps from the beginning in the planning and implementation of these programmes to ensure that they are planned with the special needs of the community in mind.

— *Job creation*

It is the responsibility of a government to find ways to create jobs to improve the circumstances of its citizens. Employment opportunities should be created particularly in the rural areas through special rural development programmes.

— *Community development*

The government should create development programmes where it does not yet exist and give attention to the upliftment of citizens particularly those who live in the rural areas.

— *Education and training*

The government should implement special programmes for the training and education of adults, in particular for females. It should include adult literacy programmes, skills development, subsistence farming training, budgeting and business skills. There should also be programmes in place to train child minders and parenting skills for teenage mothers.

- **The role of the health services**

The health services can play a greater role in the prevention of pregnancy and motherhood amongst the teenagers.

— *Participation in the multi-disciplinary team*

The nurses should be part of a multi-disciplinary team or if it does not exist create such a team which should include all the stake holders and parties interested in the well-being of teenagers and teenage mothers. The nurse cannot solve the problem of teenage pregnancies and teenage mothers on her own. It calls for a multi-disciplinary inter sectoral team approach.

— *Prevention of pregnancy*

These services already exist in the southern Hho-Hho region of Swaziland, but are seemingly underutilised by the teenagers. The nurses should do research and

identify the reasons for this underutilisation and address these problems as soon as possible. Nurses must realise that they will always have to fill the gap where parent and teachers could not or would not educate teenagers on these matters, and should therefore give the teenagers contraceptive methods when it is requested, but it should be accompanied by a personal interview which covers all aspects of sexuality, the importance to delay a pregnancy, how to spend time more constructively and how to relay sexual feelings into more acceptable avenues.

— *Health education*

A special attempt should be made to give health education to all the clients the clinics are responsible for but in particular the teenagers and teenage mothers. These clients seem to ashamed to make their ignorance known and would rather approach their peers for information than ask the nurses. The nurses should give health education on aspects such as the prevention HIV/AIDS, responsible dating and sexual relationships, promotion of breast feeding, parenting skills, stimulation of infants and small children, correct feeding practices, the meaning of the evaluation of milestones, and immunisation programme. These programmes are in place but the teenage mothers should receive special attention from the nurses to ensure their understanding and involvement in these programmes.

— *Home visits*

A home visit is useful in particular where the client defaults on the clinic visit. The teenage mother will then be visited in her own environment and the nurse can evaluate and understand her situation more realistically. The home visit will ensure the development of a trusting relationship between the nurses and the teenage mother, and the mother will then be able to talk freely with the nurse about her problems. Home visits will also solve the transport problems most of the teenage mothers experienced. A mobile unit can be used to visit the homes of the clients in the southern Hho-Hho region of Swaziland.

— *Feeding programmes*

Nurses should initiate feeding programmes for the clients they identified with this type of problem. The nurses should report such cases to the authorities and helped them to apply for subsidies or food packages.

— *Attitude of the nurses*

The nurses are probably unaware of the negative perception the teenagers mothers have of them. They might also be completely innocent, but they should always make the most of every opportunity to educate the teenage mothers on health related matters. The nurses should make a special effort to change their preconceived ideas and negative attitudes if it exists to enable them to support the teenagers and empower them with the necessary knowledge and skills to make responsible and informed decisions on sexual matters

— *Training of birth attendants*

The nurses should make sure that traditional birth attendants are trained properly. The birth attendants should be requested to attend workshops from time to time to ensure that their knowledge and skills are updated.

- **The role of the social worker**

Although the contribution of the nurse was seen as rather negative in the verbal account of the teenage mothers the nurse was at least mentioned. The social worker on the other had was never mentioned.

— *Support*

The social worker is a professional person who could contribute considerably to

support, counsel and empower the teenage mother with knowledge and skills to cope in the male dominate world. The social worker could teach the teenagers assertiveness skills, how to cope with peer pressures and sexual drives. The authorities should make social workers more readily available to this area and nurses should consult them and involve them to help solve the problems of the teenage mothers. Where teenagers seem depressed the social worker can counsel and help them to find solutions to their problems and develop a more positive attitude. Teenagers with a serious depression should be referred for medical attention.

— *Identification of strengths*

The social worker could be consulted to identify the strengths of the teenage mothers and help them to build on it to ensure a more positive future outcome for them and their infants.

— *Follow-up*

The social workers should follow up the development of the infants of the teenage mothers to ensure that they are well looked after, stimulated and prepared for school

- **The role of the teacher**

As the child is in the company and care of the teacher for the largest part of the day, the teachers should make the most of the opportunity to educate, motivate and support the children in school.

— *Sex education*

To offer sex education in school can be embarrassing for most teachers, even if they did obtain special training in this respect. If they cannot do it themselves they should

arrange for other professionals to visit the school on a regular basis and educate the children from a very small age.

— *Discipline*

Teachers should re-evaluate their methods they use to discipline pupils. They should motivate the pupils constructively without the strict punitive measures which is seemingly currently in place which causes a low self esteem and low self value of the pupils.

— *Motivate teenagers*

Teachers should except the teenagers as future adults and motivate them to develop their talents, knowledge and skills in a constructive way. They should motivate teenagers to take part in sport activities and other leisure activities to take their minds off sex.

— *Arrange activities*

Teachers should arrange activities such as sports, debate evenings, dancing evenings, concerts and cultural activities that would keep the teenagers busy and give them healthy ways to spend their free time. The teachers should however have tight control over the teenagers and the teenagers should not be allowed to wonder off on their own.

- **The role of the community**

The community also has a responsibility to take charge where there is a need. The following measure can be recommended:

— *Talk to children*

The community as a whole need to learn to talk to their children about sexual matters from a very young age. These talks should include information about the natural development changes they will be going through as they grow older. This information should be in line with what the children can understand at that moment. The parents should create a trusting and open relationship with their children to ensure an open communication channel for future questions the children might have. Their children must know that they can ask their parents any question and should rather ask them for they will give the correct information. Many of the parents of the teenage mothers in this research will most probably have problems to discuss sexual matters with their children. It is therefore necessary that the authorities implement programme in the community which would empower parents with the necessary knowledge and skills to do it comfortably. This will most probably be one of the most difficult measures to implement as it will impact on their cultural beliefs.

— *Prevention of pregnancy*

The members of the community and the parents of teenagers can do much to prevent their teenage daughters of becoming pregnant. Sexually active teenagers should be made aware of the choice they have for instance, the use of contraceptives to prevent pregnancy or abortion to terminate an unwanted pregnancy.

— *Community participation*

Members of the community should *take part* in the programmes already established such as community development programmes, adult literacy programmes or other programmes aimed at the upliftment of the community. The community should also make use of health services to prevent diseases and complications such as immunisation service.

— *Communicate needs*

Members of the community and teenage mothers should *make their needs known* to the authorities to ensure that their needs are being addressed by the programmes.

— *Take initiative*

The members of the community should learn to take the initiative to address their needs and that of the other members of the community. They could start small businesses such as creches particularly for teenage mothers. These creches can even be attached to schools to make it convenient for the mothers to feed their infants.

— *Voluntary organisations*

Members of the community should learn to become involved in activities which perhaps could be initiated by the church to help the less fortunate, such as feeding schemes. The members of the community will develop a feeling of achievement and satisfaction by helping other people. This will also contribute to the development of confidence and self-esteem. Individuals with training and education should share their knowledge voluntary with the other members of the community, such as budgeting, farming and business skills.

5.4.2 Recommendations for further research

The research that could be recommended for future researchers have been listed below.

- Research should be done to incorporate the views of family members, friends, and teachers to broaden and perhaps confirm the teenage mother's views obtained in this research.

- Follow-up research should be done on this group of teenagers to determine how they coped with these problems and what strengths they developed over time.
- A survey should be conducted to determine what support systems are available in the community for the teenage mother.
- Research could be done to determine the extent of the knowledge of teenage mothers on sexual matters and other aspects such as the prevention of HIV/AIDS.
- Quantitative research could be done on the same topic to determine the extent of the problems experienced by the teenage mothers.
- Research could be conducted on the utilization of the health services by teenagers in the southern Hho-Hho region of Swaziland and the role the attitude of the health personnel play in their health seeking behaviour.
- Research is necessary for the development of strategies to involve parents and teachers in sex education.
- Sexual education programmes for school children of all ages should be developed, implemented and tested.
- Longitudinal research on effective methods of behaviour change in teenagers.
- Research can be done on the siblings of the teenage mothers by comparing the siblings of teenage mothers with the siblings of non-parenting teenagers to determine what the effect of the older sister's experience had on them.
- Research can be conducted on the strengths of teenage mothers have developed. It could be a good beginning point for intervention programmes.
- Research can be done to find ways to strengthen the relationship skills of the teenage mother and to enrich her relationships with her significant others.
- Research should be done to determine what effect the implementation of home visits have on the parenting skills of the teenage mother and future of the mother and her child.

5.5 LIMITATIONS

The limitations which could be identified were the following:

- As mentioned in chapter 1 the available literature and statistics on the health situation of Swaziland in general and the health of the teenage mother in

particular were outdated.

- The findings of this research will not necessarily be applicable to other communities and settings and the findings can therefore not be generalized to the broader teenage mother community of Swaziland.
- Objectivity in this research could not be ensured as in quantitative research.

5.6 SUMMARY

One of the biggest problems the teenage mothers experienced were ignorance on matters which they needed to know to help them understand their feelings, the changes in their bodies, their sexual drives and ways to prevent pregnancy. Teenage mothers were let down by the health care services who made it difficult for them because of the attitude of the personnel to ask for information and contraceptives. Their teachers let them down because they did not empower them with knowledge and skills to handle their teenage sexual drives and did not control the activities at school which would prevent opportunities to be created where sexual activities could take place. The teachers and educational system also let them down when they needed them most to ensure that they, despite their pregnancy and motherhood status, could continue with their formal education.

The biggest problem therefore experienced by the teenage mothers in the southern Hho-Hho region of Swaziland was the lack of support before the pregnancies, during their pregnancies and after the birth of their off-spring. The lack of support impacted on all areas of the whole person such as their physical, social, cultural, spiritual, economic and emotional needs and caused problems for them, their families and the community.

Parents, teachers and health care personnel let them down in their need for reliable information and they had to turn to their peers who shared their misconceived ideas with them. They also believed their sexual partners and the television who promised them the world and a happy and romantic life but when they fell pregnant their

support was not forthcoming. They ended up feeling old and unhappy with a less favourable future ahead of them.

It was clear from the analysed findings that the teenage mothers were not supported by the adults in their community – they did not empower them with knowledge and when they experienced problems and needed their help again they were again not supported by the very same people.

Teenagers should not become mothers because they must first master the development tasks of an adolescent before they could move onto the next development stage. The teenager is *in the process* of accepting her own physique and body; she is *in the process* of developing new and mature relationships with peers of both sexes; she is still *in the process* of becoming emotionally independent from parents and other adults; she is *in the process* of preparing for a vocation, she is *in the process* of planning to become economically independent; she is *in the process* of learning about her role in marriage, she is *in the process* of learning socially responsible behaviour. This process has been interrupted and the teenage mother is left feeling devastated and alone without the necessary support to help her to complete these processes to become whole again.

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ANNEXURE A

LETTER REQUESTING PERMISSION TO DO RESEARCH IN THE SOUTHERN HHO-HHO REGION OF SWAZILAND

ANNEXURE

P O Box 2222
Mbabane
Swaziland
2000-02-01

Ministery of Health
Mbabane

Dear Sir

APLICATION FOR PERMISSION TO DO RESEARCH

I am hereby requesting permission to conduct research on the *problems of teenage mothers in ths Hho-Hho southern region of Swaziland* and need to conduct focus groups or interviews with a group of teenage mothers at the local clinic.

I would appreciate it if you would give me permission to collect the data a need for the research I am doing for my MA(Cur) degree at Unisa.

I promise that the information I collect will only be used for my research and that the clients, personnel and health services will not be compromised in the process.

Yours faithfully

Ms L S Dlamini

ANNEXURE B

LETTER OF PERMISSION RECEIVED FROM THE MINISTRY OF HEALTH MBABANE SWAZILAND

ANNEXURE B

SWAZILAND GOVERNMENT

Public Health Unit
P O Box 1119
Mbabane
Swaziland
2000-05-05

Sr. Lovegirl Dlamini
P O Box 2222
Mbabane
Swaziland

Sear Madam,

RE: REQUEST TO CONDUCT A STUDY

Thank you for your letter dated 01-05-2000. I am happy to inform you that permission to conduct a study on teenage mothers in the southern Hho-Hho region of Swaziland has been granted.

Thank you,

Yours sincerly

Regional matron (Hh0-Hho).

ANNEXURE C

WRITTEN CONSENT

ANNEXURE C

I declare that the researcher has explained the aspects listed below to me, that I understood it and that I am willing to take part in the research project.

- purpose of the research
- objectives of the research
- method of the procedure which will be followed
- duration of the study
- type of participation expected of me
- how the results will be used and published
- identification and qualifications of the researcher
- how confidentiality, anonymity and privacy will be safeguarded
- the reason for undertaking the research - for the personal studies of the researcher and also to create support services to the teenage mothers in this region.
- that my participation is voluntary and that I could withdraw at any stage of the study if I feel that I now longer want to take part in the research
- that no harm will be done to myself or my infant infants.
- that I could stay anonymous.
- that the information collected will be kept confidential.

....

Signature Date

ANNEXURE D

EXAMPLE OF A NAIVE SKETCH

17 yrs 8m

17yrs

Ngatiwa ngesaba kutjela make ekhaya kepha make wajse uyangibona uyangibuta kutsi ngubo longentanjeng ~~ne~~kutawondliwangibani.
Ngabese ngiyomtjela babe wolomntfwana kwak ndza kutsi besekati wangabinenkinga watsi ~~ute~~ akunandzaba utamondla. ~~Bangabi~~Bangangini nkinga kakhulu ekhaya.

Bangani bami nabomakhelwane bebangibleka batsi ngabe utowondliwa ngubani lomntfwan kanifutsi ~~batsi~~ng batsi ngitohlupleka ngobengise mncane ngijjake kuemutsa ngisafundza Bengajabula umababe walomntfwana nangangi geina ngobe esikolweni kute longangibuyisela Nome ke ngitfole lokunye kenginga sitakala khona.

(Translated next page)

I am 17 yrs old.

I was ~~afraid~~ afraid to tell mother at home that I am pregnant. But mother saw and then she asked me the name of who did this, and who will feed it I told her the father of the child. And it happened that she knew so she did not have a problem and she said that it does not matter because he will feed the child. They did not give me much pressure at home.

My friend and neighbours were laughing at me and saying that they wonder as to who will feed the child and they also said that I will suffer and have problems since I am still young because I rushed to get pregnant while I was still at school. They said that they will be happy if the father of the child will look after me well since no one will send me back to school. Even if I get another one I was going to be helped.

ANNEXURE E

INTERVIEW SCHEDULE

INTERVIEW SCHEDULE

- What physical health problems have you experienced as a teenage mother?
- What social problems have you experienced as a teenage mother?
- What cultural problems have you experienced as a teenage mother?
- What emotional problems have you experienced as a teenage mother?
- What spiritual problems have you experienced as a teenage mother?
- What economical problems have you experienced as a teenage mother?
- What educational problems have you experienced as a teenage mother?
- What support systems have you made use of as teenage mother?

ANNEXURE F

EXAMPLE OF TRANSLATED INTERVIEW

ANNEXURE F

Interview I

R: Welcome again, and thank you that you are willing to take part in this research project. You have read the consent form, where your rights as participants have been outlined and have signed it. You also know now why I am doing the research?

P: Yes.

R: Do you have any other questions before we start with the interview?

P: No, its OK.

R: Remember that you may ask me any question which might come up, or you may decide to stop the precedings.

P: Yes, I know. You did explain it to me just now.

R: OK. Lets begin then. What I want to hear from you today is how you experience motherhood. I would like you to tell me what physical, social, emotional and other problems you have experienced by becoming and being a teenage mother, and who supports you in these times.

P: Ok.

R: Good. Firstly, tell me something about yourself.

P: My, name is ..... I am now 18 years old, turning 19 in November

R: And your baby?

P: This is my second child. My eldest child is two and a half years old. This one is 12 weeks. I had the first one when I was in Form II

R: Tell me more about your physical health up to now, for instance when did you start menstruating, how was your general health before, during and after the birth of your baby? Have you experienced any physical health problems?

P: I was healthy all my life except for flu now and then. I was also healthy during my pregnancy except for nauseousness and vomiting in the beginning. I had my periods the first time when I was twelve.

R: Where you prepared for your first menses and pregnancy? Did you know what was happening with you?

P: No I was shocked..... I thought I had a cut. I did not know what to expect when I started menstruating. I told my mother, and her only response was:"You have finally grown up".

R: So, no one told you that you will have your periods sometime, hmm .....what it means?

P: No, my mother even seemed shocked when I told her. I suppose that she did not expect me to bleed so soon.

R: And your pregnancy?.....

P: As this was not my first child, I recognised the first signs of pregnancy.

R: How did it make you feel?

P: I waited but it never happened the next month... I panicked....when squeezing my breasts some discharge came out of it....It worried me I was not breast feeding!! I just couldn't stand it. I could not stand the truth that my stomach was growing. I first fastened it with belts..... and.....and wore baggy tops on top of skirts and on top of unfastened and unzipped pants to hide from my parents. Hmmm..

R: Yes?

P: Finally.....the bulging betrayed me and the day my mother took me to the doctor I was almost 6-7 months pregnant! I felt so frustrated, I have just returned to school

after my first child! ...how can I get pregnant again! This was a separate boyfriend from the father of the first child!
R: Yes? How did it make you feel?
P: I felt helpless, I had to leave school. I felt sad to see my class mates looking nice. It depressed me.
R: How did it effect your life as teenager?
P: I couldn't go to church because....I.....the adults were going to laugh and pass murmurs, since I was at high school and not married. I could not walk with my friends or have the old relationship with them, because they were going to laugh at me, make fun of my pregnancy and mock me.....So,...I was afraid to get hurt and to know how they will react to me.
R: So, what did you do?
P: I stayed at home.....I felt sad..and, and lonely and uhh... unwanted most of the time, because my friends did not come and visit me.
R: So you could not accept it?
P: No, it was a shock to me.
R: Help me if my observation is oncorrect. It seems to me that you are not at all happy, even perhaps depressed?
P: No, I am not happy. Depressed? I don't know. I am tired. ...and wished it has never happened to me. I accidentally fell pregnant.
R: Didn't you use any contraceptive method?
P: No, I don't know any method
R: Why did you not use contraceptive methods?
P: There's no safe preparation. I am always frightened.
R: Frightened to use contraceptives?
P: Yes. My friends said it is not safe.
R: How do you feel about it now?
P: I will never do it again.....It is too costly.....I've been robbed of choices
R: So, what you are saying is..... that you also did not use any contraceptive method with your second child even though you knew that you could fall pregnant by being sexually active?
P: No, I did not use anything.
R: Didn't anyone tell you about contraceptive methods? Didn't anyone suggest a safe contraceptive method you could use after the birth of your first child?
P: No, nobody suggested it.
R: Where did you get your information from.....on...a.....health matters...sexual matters, and so forth?
P: My friends.
R: What did they tell you?
P: Having a boyfriend was fun and enjoyable. .....That is it fun ..hmm..... there are exciting areas to experience.
R: And from your parents...what did they teach you?
P: Oh, no.....I was told never to sleep with boys again after my first pregnancy....No, that was highly forbidden.
R: And from the school? Did you receive any guidance from school or other organisations?
P: Yes, talks about sex and condoms from the Flas. You know...my parents attack Flas .....Hmm..... they say they are teaching their children to sleep with boys and most elders don't want to hear it..... mentioning sex...even on radios and television.

In the church the mention of sex is forbidden especially among the youth..I don't know about adults!
R: And the health personnel in the clinics? What do they do when you visit the clinic?
P: They only do their work. They give the babies their injections.
R: So, what you are saying is that the nurses at the clinic also did not suggest that you use contraceptives?
P: Yes, that is correct.
R: Ok. So, tell me then how you experienced being pregnant?
P: It was not nice because of the reaction of my parents to it
R: Didn't they support you?
P: I wish,..... my mother was not there to hear this! I had more worries...and to think about different kids with different fathers and depending on my children...it was something! I heard my mother and father talking together.....brought up the subject.....mother said she had her suspicion for sometime...but waited to see what was happening. .and.....
R: ahuh, ahuh?
P: Mother was perplexed....and looked more angry, but in short of words...She then said: "Is it the like first one again?" Father took his car and left immediately after confirmation of the truth that I was indeed pregnant.....He avoided me....I think.....for a week and then when he finally spoke...he wanted to know whether I am ready to pack and leave them since I am now a woman with men I make children with.....But certainly not to expect to stay at his home.
R: Have they changed their mind on this? Have their views changed in anyway towards you?
P: I don't think it changed they only suppressed their anger, but..... their silence and reaction against me speaks better than words ...that they are humiliated as parents..... in a double blow and this is a situation they are stuck with and difficult to accept! I....I am not accepted..I'm too desperate and trying hard not to push them too far...but their anger is there.....hmm...written in bold words, if you know what I mean! I am the beggar here for everything..their home.....their talking to me.....any little favour to me is highly appreciated with no complaints .....in case they a.....stop showing it again. This time the lesson is more harder than before!
R: And the father of your child?
P: He said I wanted it, I knew what I was doing,.....he never said he wanted a child. He never spoke to me. You know we were not involved..It was only a one night party stand!
R: I gather that you will not be marrying him then?
P: Certainly not! .....He's married!..... He was shocked to hear it, and started to ignore me!
R: How, did it make you feel?
P: I felt lonely, devastated.
R: Ok..... lets move to your experience..a.... with the birth of the baby..... Did you experience any problems?
P: A painful long event with some people..... not kind at all...especially the nurses!
R: The nursing personnel were not sympathetic?
P: They were not sympathetic.....they kept telling me to wait....saying it is not the right time.....They were not friendly.....only one who was wearing a different dress, not white....who spoke in a friendly way...sort of aggressive but they looked annoyed

and irritated at my behaviour.
R: You had, as far as you know a normal delivery?
P: Yes.
R: Who delivered the baby?
P: A doctor.....Due to the long delay to deliver .....a...a... doctor finally came to assist and after a drip was hung, I then progressed.
R: Apart from what you have already said...have you experienced any other physical health problems in the hospital or the weeks after the birth of the baby?
P:No, I was healthy.
R: And the baby? Any problems with his health?
P: No, he was also healthy.
R: Ok, and now lets, talk about your experiences as a teenage mother. What can you tell me?
P: When I am not at school ..I am not to be assisted in any way. My parents want me to be responsible.....My parents want me to look after my own children night and day..... alone! They don't want me to go out since they think I ....Mmm...go out to...collect pregnancies! I am stressed having to change diapers, a screaming child at night and...wash napkins before leaving for school. I feel sleepy at school. All I do to relax is to listen to music, watch movies and take care of baby.
R: How does it make you feel?
P: I feel that I am not a child anymore...for I suddenly adapted to staying at home.....and ..a...not socialize with age-mates. As a teenager I am supposed to enjoy my youth with age-mates at the same level.....as it is.....I'm stuck with motherhood....with its problems.....no enjoyment at all.....and it is too much for me. I think. What I cannot understand is why this is such a problem for my parents. You know, all my aunts, uncles, cousins.. my mother.... that become pregnant. I suppose it is because.....
R: Huh-Huh
P: My mother was at University when she became pregnant with me. My father later married her, I think they were in love and a steady relationship.....known by their parents or officially introduced....not like mine!
R: Do you think that culture plays a role.....
P: Oh, yes. Culture gives men ...gives them the right to be promiscuous and they enjoy it.....they emphasize that women are begging them .....they are at their mercy.
R: Are you saying that your culture makes it difficult for girls?
P: Well.....men want to see if they marry someone who is capable to extend their family name.....at least there must be a boy. Culture says it....that a woman is paid compensation of being a wife which she will get from her children.....when they too are compensated. The second wife is taken if the first bears no children....But this is only an excuse....Men want different affairs.
R: Did you get any compensation from the father?
P: No, you see it was not an affair, it was a one night stand. He only needed a "kick" to boost his ego. He's not interested in me. You see these Government officials do have sex with different women in every occasion for sexual lust,...they ...Hmm.....don't need to know and have interest in the women...sex is the prime factor.....anything else develops last...depending on whether you did not make any mistake and played his game and he enjoys it.....and he enjoys what you are providing unconditionally.
R: Who contributes financially for your children?

P: My parents, out of the family budget. Just to deal with the problem which they are stuck with, not from a willing heart..... They.....Hmm.... feed us, buy necessary things, see that we are treated when ill, pay for my education, give me bus fare, provide a care-taker strictly when I am at school! As I say I accept anything, even a penny, if it can buy the urgent things I need at that time.....I go for the cheapest and I economise too much even sacrifice bus fare sometimes to save and minimise asking and limit grumbling! I have to stay with my parents, I have not..no other choice..I find myself lost....a.....not welcomed.
R: Has the pregnancy and your motherhood then changed your family's financial status?
P: Yes. My parents were not rich but we were better off than most people. That is what infuriates my parents.
R: They wanted more for you in life.....
P: Yes, and now I disappointed them and caused them financial problems
R: So, I gather you do not get any financial contributions form the father of your infant.
P: No, definitely not!
R: Do you get any support or advise from the nursing staff at the clinic?
P: Not really. Only did their job.....and later told me to come at six weeks for immunization.....and .....Hmmm....check-ups..and to continue bringing the child to the clinic for immunization and weighing.
R: What would you have liked to learn from them or your parents?
P: How to deal with sexual feelings and men in general when you are attracted to them.
R: Do you get any support from family members, friends and the other members of the community?
P: No, they only gossip.
R: Are you experiencing any educational problems?
P: I wanted to finish school, train for a job and start working at least in a paying job....A....A.....qualification to make life easy.
R: Yes?
P: I passed junior certificate in Form IV, I was just average.....I passed with a third class because there was already my first baby to look after.
R: Did you find it difficult to adapt to school again after your first child?
P: Not really..My parents sent me to a different school. A private school where I do not need to wear a uniform.....Although ....Ahm...fear and panic affected me...I was always worried with the sleepless nights. I liked school, I guess I mixed with wrong friends.
R: So you like school. Any other any problems at school?
P: I think it depends on how a person is .....Hmm.....smart.....I am not like them. I'm average. When I am pregnant I fear punishment or to be beaten by a teacher because of something I know I have done wrong.
R: Is sex discussed by the students at school?
P: Yes, It is the in thing.....But not directly.....only how to get pleasure.
R: How do the students in general and ..Ah...boys in particular feel about girls who fell pregnant while still at school?
P: They always expressed their anger and don't have time for them!
R: Even if they could be responsible for the pregnancy?
P: Yes, of course.....they are the first one's to complain and approach the

headmaster.....That if someone feels sleepy in class...that person must be pregnant!
R: What is the reaction of the teachers?
P: Once you are suspected, you are called and investigated...then expelled by the headmaster!
R: How does the other people react to it such as the other parents?
P: They say it teaches them a lesson....not to mix sex with education.....parents .....other.... favour it!
R: In favour of being expelled from school? or?
P: Yes, expelled from school. That is why you have to go to another school if you want to contrinue your schooling.
R: So, to sum up. What you have been saying is that sexual education is not given at home, or at school by the teachers, and that the program which is done by other people is not good enough or even excepted by the partents.
P: Yes, that is correct.
R: Yes, so the sex education is not given but if a student falls pregnant it is your problem and you are expelled from school?
P: That is exactly how it is. They don't tell you anything. The subject is never brought up and if you fall pregnant you are the guilty one. You are bad.
R: Did you take part in any recreation..mm...such as sports in school?
P: No, I don't like sports. Sports are a waste of time and you always have to go to practice instead of hanging around with friends and knock off. I cannot remain behind to practise. I like to listen to music and dance.....if the chances are there, I like disco's for grooving.
R: And your old friends at school? How is your relationship with them? The boys?
P: They do not have time for mothers who have decided to be adults, they are interested in school girls only. The girls also?
P: Yes, they ignore you.
R: Were you then the only sexually active girl in school?
P: No, or course not. They say so.....They are sexually active.
R: So, what you are saying is that you do not have any friends due to the fact that you are a teenage mother, and that teachers and parents in general do not approve of teenage mother in school, but that everyone knows that most children are sexually active or that they could fall pregnant themselves?
P: Yes, that is correct.
R: Do you think that you lack behind your old school friends who did not become teenage mothers?
P: Of course, They do well. I am always tired and exhausted. I think my friends are better and at an advantage.
R: Tell me about your relationship with your parents.
P: They are always too busy and occupied....Don't have time for me.
R: It seems to me that you do not have a very good relationship with your parents. Is it correct? And was it always like this? Do they treat the other children in your family different?
P: No, but it is worse now. I have no siblings. My mother was never there to listen!
R: And you father then? Can't you speak to him?
P: Huh.no, he is never around..but he is the boss.has the last word....he makes the rules and we must listen. My mother also.
R: What role does religion play in your life? Has your relationship with your god changed?

P: I am a Protestant, and church goer. I do not feel accepted..anymore.....I used to sing in the youth choir, I dropped it..... In church they see love before sex and they do not see what is hidden....In the church illegitimate relationships are forbidden.
R: So, what you are saying is that teenage motherhood has changed your relationship with your church? Why then?
P: I feel ashamed and I feel guilty of what has happened. I do not want to be seen by the members of the congregation.
R: Yes, I understand. The same reaction as in school and from your friends? Hmm
P: Yes, not accepted anywhere.
R: OK. Then..... How do you see .....Hmmmmm....the future of your children?
P: Not clear, especially if my parents cannot be there to help. I need money for my children..Hmm...raise my child, take him to school.
R: And for you? Your future?
P: I need someone to help. I don't know. I look and feel older than my friends. I feel tied down, with no choices, I am not free to choose. I've always ...ah.....attracted to men I meet, but I'm afraid that once they know I have children they will lose interest. But men always want sex. I don't know.....Perhaps...finish school .....go to University and get a job. Although my parents are angry....they want me to finish school...somehow!
R: So, are you saying...that you Hmm.....that you do not have much hope for your own future unless you have the help of your parents
P: Yes, I cannot do it alone, unless I marry.....
R: Am I correct if I say that you also have much hope of this happening?
P: Yes, I need to know that I won't get pregnant.....and ..but I will never feel free to go into another..relationship with a man
R: Do you know what your children need beside, food, clothes, and sleep?
P: No, I have my own problems!
R: Ahuh?
P: I wish it never happened to me.
R: Do you play with them?
P: No, they play with soil.
R: How do you discipline them?
P: I spank them a little, beat them if they do not listen.
R: I seems to me that you love your children. Is that correct? your children?
P: Yes, I care for them.
R: Is your baby healthy?
P: Yes, only cries a lot. Develops flu and skin rash .....now and...then
R: Thank you. I think that we have covered all the quations I wanted to ask. Is there anything you would still like to add or ask me?
P: No, thanks. It helped me to talk to someone.....
R: Someone who could listen to what you are going through?
P: Yes, it was rather a relief.
R: I am glad that I could help in some way. I realise that you have problems now, but you seem to be an intelligent girl, you are still young, and you will make it. You must just promise me that you will ask the nurses at the clinic for contraceptives and use it to prevent any futher pregnancies. Study hard and do your best, you can do it. I think you should also make friends with your mother. Talk to her, she can help you make a success of your future.

P: Thanks I will.
R: Best of luck.
P: Bye

ANNEXURE G

FIELD NOTES MADE DURING THE INTERVIEWS

looks sad and depressed - not happy

Urgency in manner of talking - wants stone told.

Very sad about circumstances and future - worried. Feels lost devastated

---

looks down all the time - seems sad and ashamed

Seems to be angry about the status of men in community compared to that of women

---

Biggest problem seems to be the fact that she has a baby - HIV/AIDS - never thought of - not even now worried about her future and that of baby - no future - finances a problem

---

sex seems to be important - no support - no knowledge - upset

ANNEXURE H

AN EXAMPLE OF A CODED INTERVIEW

Q.S.R. NUD.IST Power version, revision 4.0.
Licensee: WP40E.

PROJECT: dlamini, User martie, 12:06 pm, Oct 10, 2001.

****
*****
(8 3) /Educational/Information
*** Definition:
Formal and informal knowledge obtained on aspects which could change her life
++++++++++++++++++++++++++++++++++++++
+++ ON-LINE DOCUMENT: int1
+++ Retrieval for this document: 5 units out of 203, = 2.5%
++ Text units 65-66:
I heard about sex from friends. 65
They told me that when you grow up you need to explore the romantic world
since there's a 66
++ Text units 68-69:
of fun. That it is an exciting adventure. 68
My best friend told me so 69
++ Text units 168-168:
The teachers did not tell us anything. I gained experience on my own. 168
++
+++ ON-LINE DOCUMENT: int2
+++ Retrieval for this document: 1 unit out of 140, = 0.71%
++ Text units 84-84:
Teachers do not give us sex education. Those subjects at school It is
forbidden. 84
++
+++ ON-LINE DOCUMENT: int3
+++ Retrieval for this document: 1 unit out of 183, = 0.55%
++ Text units 136-136:
We never were educated about sexual matters at school by the teachers 136
++
+++ ON-LINE DOCUMENT: int5
+++ Retrieval for this document: 2 units out of 214, = 0.93%
++ Text units 69-69:
They told me about the good part of being with a boyfriend. I could see
the woman getting in bed and actually 69
++ Text units 141-141:
Sexual matter were not discussed by the teachers, it is forbidden to
discuss it. 141
++
++++++++++++
+++ Total number of text units retrieved = 9
+++ Retrievals in 4 out of 5 documents, = 80%.
+++ The documents with retrievals have a total of 740 text units,
so text units retrieved in these documents = 1.2%.
+++ All documents have a total of 885 text units,

ANNEXURE I

EXPLANATION OF THE *REED DANCE*

THE REED DANCE

The reed dance is a dance which is required by the Swazi culture for young teenage girls. It takes place every year from 20 August to 6 September.

The young teenage girls who attends this dance is supposed to be virgins and are keeping their purity with pride. The royal announcement of the vent is made through the media (radio and television). The teenage girls then have to report to their chief's kraal. A mature strong trusted male (preferably still young) who has a good reputation in their area function as their keeper and guards and leads them during the long walk when they cut the reeds. These young men must see to it that the girls are kept safe and if they are injured or become ill they are treated or sent home to her parents.

The madens then wear traditional gear to display their youthful bodies such as very short skirts made of beads (called indlamu) which displays the teenager' untouched and innocent body which is still firm; wear woolen bands of decorations across the bare chest to exhibit their young firm still pointed breasts. The firm buttocks are also displayed half-way at the back since no underwear is worn.